

VOUCHER NO. 7-12		REQUEST FOR PAYMENT AND POSTING VOUCHER										VOUCHER NO. 7-12									
TO : Finance Division, Accounts Branch										DIVISION VOUCHER NO.											
THROUGH: Monetary Branch										2 Aug 1961 287											
Request payment be made and/or transaction be recorded as indicated below. Pertinent documentation in support of this transaction is on file in this office.																					
SUBJECT										INVOICE NO(S). 5241-4+5, 5187-28+29											
PAYMENT TO BAIRD-ATOMIC, INC										CONTRACT NO. TM 1606											
AMOUNT \$ 4283.42										CHECK TO BE DATED 4 August 1961											
CASH PAYMENT		<input checked="" type="checkbox"/> U.S. TREASURY CHECK		<input type="checkbox"/> AGENT CASHIER CHECK		<input type="checkbox"/> BANK CASHIER'S CHECK															
THE ATTACHED CHECKS AND/OR CASH IN THE AMOUNT OF \$ SHOULD BE TAKEN INTO ACCOUNT AS INDICATED BELOW.																					
I HEREBY AUTHORIZE MY AGENT, WHOSE SIGNATURE APPEARS BELOW, TO RECEIVE \$ OF OFFICIAL FUNDS IN CURRENCY ON MY BEHALF.																					
DATE		SIGNATURE OF PAYEE		DATE		SIGNATURE OF AGENT		DATE		SIGNATURE OF RECIPIENT											
DESCRIPTION-ALL OTHER ACCOUNTS 13-33		34-39 STATION CODE		40-42 EXPEND CODE		43 F U N D S		44-46 PAY PER. LIQ. CODE		47-52 OBLIG. REF. NO. ADVANCE ACCT. NO. EMP. NO.		53 CA YR		54-57 GENERAL LEDGER ACCT. NO.		58-67 ALLOT. OR COST ACCT. NO.		68-70 DUE DATE		71-80 AMOUNT	
DESCRIPTION-ADVANCE ACCOUNTS 13-27		28-33 T/A NO. P.O. NO. 25-29 DIV. PROJECT NO.		PROP. NO.		FY															
BAIRD-ATOMIC, INC						88X 7				1606		601.0		28 1017 0176		740		50.00		P	
						88 1				1606		601.0		28 1964 5220		740		1058.34		R	
BAIRD-ATOMIC, INC						88X 7				1606		601.0		28 1017 0175		740		3175.08		R	
																				4283.42	
														Dist. Orig + 1 addressed to Renthall TM 1606 (Rating) 1- Voucher							
PREPARED		DATE 1 Aug 61		AUTHORIZED CERTIFYING OFFICER SIGNED						DATE		TOTALS 4283.42		25X1- 4283.42							

SECRET

(1)

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

D. O. VOU. NO.

Use continuation sheet(s) if necessary

BU. VOU. NO.

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

Payee's Account No. _____ Discount Terms _____

TO Baird-Atomic, Inc.
(Payee)

Cambridge 38, Massachusetts
(Address)

PAID BY

Contract No. TM 1606 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____
Shipped from _____ to _____ Weight _____ Govt. B/L No. _____

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		Invoice No. 5241-4 (Orig. Inv. Att) 5241-5 (Orig. Inv. Att) 5187-28 (Orig. Inv. Att) 5187-29 (Orig. Inv. Att)				\$2,054.48 2,178.94 25.00 25.00
TOTAL						\$4,283.42

PAYMENT:

COMPLETE ☐
PARTIAL ☐
FINAL ☐
PROGRESS ☐
ADVANCE ☐

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES

Amount verified; correct for
(Signature or initials)

† Approved for _____ = \$ _____

By _____

Title _____

Exchange rate _____ = \$1.00

STAT

2 AUG
1961
(Date)

ng Officer)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ on Treasurer of the United States
Check No. _____ on _____ (Name of Bank)
Cash, \$ _____, on _____, 19 _____ Payee _____

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____
Title _____



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER


SOLD
TO

WASHINGTON, D. C.

SHIP
TO

ENCL #1
DPD 3774-6/
COPY 1 OF 3
STAT

DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO.	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
	TM-1606 COMMON CUSTOMER			5241-4
SHIP VIA	F.O.B. POINT	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER	
		5/31/61		

QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
		<u>SERVICES FOR MAY 1961</u>			
		<u>WORK ORDER #</u>	<u>HOURS WORKED</u>	<u>HOURLY RATE</u>	
		61-33	18	7.66 ✓	137.88 ✓
		61-34	4	7.66 ✓	30.64 ✓
		61-35	9	7.66 ✓	68.94 ✓
		61-36	41.5	7.66 ✓	317.89 ✓
		61-38	47.8	7.66 ✓	366.10 ✓
		61-39	32.7	7.66 ✓	250.48 ✓
		TOTAL LABOR			1,171.98 ✓
		MATERIALS (61-25, 61-30, 61-37)			750.00 ✓
		PLUS G & A @ 11%			82.50 ✓
		FACILITY MAINTENANCE FEE			50.00 ✓
		AMOUNT SUBMITTED FOR REIMBURSEMENT			2,054.48 ✓
<p>1128-1964-5220 (740) 513.62 X728-1057-0175 (740) 1540.86 2054.48</p> <p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>By  J. J. Miller</p>					

JUN 17 12 05 PM '61

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED

ORIGINAL INVOICE

Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER


YOUR ORDER

SOLD TO

WASHINGTON, D. C.

SHIP TO

STAT

DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO.	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER	
	TM-1606 Common Customer			5241-5	
SHIP VIA	F.O.B. POINT	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER		
		6/30/61			
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
		SERVICES FOR JUNE 1961:			
		WORK ORDER #	HOURS WORKED	HOURLY RATE	
		61-33	66.1	7.66	506.33 ✓
		61-37	56.0	"	428.96 ✓
		61-39	49.4	"	378.40 ✓
		61-40	66.2	"	507.09 ✓
		61-41	101.6	"	778.26 ✓
		61-42	38.5	"	294.91 ✓
		61-43	41.4	"	317.12 ✓
		TOTAL LABOR			3,211.07 ✓
		MATERIALS (61-40)(61-41)			28.70 ✓
		G & A Overhead @ 11% ✓			3.16 ✓
		AMOUNT SUBMITTED FOR REIMBURSEMENT			3,242.93 ✓
		1128-1964-5220(740) 544.72			1,063.99
		X728-1057-0175(740) 1634.22			2,178.94
		2,178.94			
		We certify that the above bill is correct and just; that payment therefor has not been received.			
		By  Miller			

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED

Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9



33 Diversity Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER

SOLD TO

WASHINGTON, D. C.

SHIP TO

ENCL #2

DPD 3774-61

COPY 1 OF 3 STAT

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606 CUSTOMER "C"						5187-28	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						5/31/61			
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
			FACILITY MAINTENANCE FEE FOR MAY X728-1017-0176 (740)					25.00	
<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>By </p>									STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

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WASHINGTON, D. C.

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO. TM-1606 Customer C		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER 5187-29	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE 6/30/61		CARRIER'S RECEIPT NUMBER	
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
			SERVICES FOR JUNE 1961: FACILITY MAINTENANCE FEE					25.00	
<p>We certify that the above bill is correct and just; that payment therefor has not been received. BAIRD-ATOMIC, INC.</p> <p>By- </p>									

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

Use continuation sheet(s) if necessary

BU. VOU. NO. _____

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

Payee's Account No. _____ Discount Terms _____

TO Baird-Atomic, Inc.
(Payee)

Cambridge 38, Massachusetts
(Address)

PAID BY

Contract No. TM-1606 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____
Shipped from _____ to _____ Weight _____ Govt. B/L No. _____

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		Invoice No. 5241-3 (Orig. Inv. Att) 4187-27 (Orig. Inv. Att)				\$ 25.00 1,865.42
TOTAL						\$1,890.42

PAYMENT:

COMPLETE ☐
PARTIAL ☐
FINAL ☐
PROGRESS ☐
ADVANCE ☐

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES _____

Amount verified; correct for _____
(Signature or initials) _____

\$1890.42

STAT

† Approved for _____ = \$ _____

By _____

Title _____

Exchange rate _____ = \$1.00

Pursuant to authority vested in me, I certify that _____

23 MAY 1961

(Date)

STAT

(Contracting Officer)

DRM

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ on Treasurer of the United States
Check No. _____ on _____ (Name of Bank)
Cash, \$ _____, on _____, 19 _____ Payee _____

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____
Title _____

ANALYTICAL & CONTROL
INSTRUMENTS**Baird****33 University Road, Cambridge 38, Massachusetts**

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRD CO Cambridge, Massachusetts, U.S.A.

TERMS: NET 30 DAYS


YOUR ORDER

YOUR ORDER

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DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606 CUSTOMER C						5187-27	
SHIP VIA				F.O.B. POINT		DATE SHIPPED INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						4/30/61			
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
			COSTS INCURRED FOR APRIL 1961:						
			FACILITY MAINTENANCE FEE X728-1017-0176 (740)					25.00	
<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>By </p>									
STAT									

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938 AS AMENDED



33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER




WASHINGTON, D. C.

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DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606 COMMON CUSTOMER						5241-3	
SHIP VIA				F.O.B. POINT		DATE SHIPPED INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						4/30/61			
QUANTITY DUE	SHIPPED TODAY	MODEL / PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
		<u>SERVICES INCURRED AND CLAIMED FOR APRIL 1961</u>							
		<u>WORK ORDER NUMBER</u>	<u>HOURS WORKED</u>				<u>RATE</u>		
		61-30	11				7.66	84.26	
		61-31	30				7.66	229.80	
		61-32	24				7.66	183.84	
		61-33	148				7.66	1,133.68	
		61-34	24				7.66	183.84	
		TOTAL LABOR					1,815.42		
		FACILITY MAINTENANCE FEE					50.00		
		AMOUNT SUBMITTED FOR REIMBURSEMENT					1,865.42		
		1128-1964-5220 (740) 466.36							
		X728-1057-0175 (740) 1399.06							
<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>By  Controller</p>									
STAT									

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938 AS AMENDED

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

U. S. VOU. NO.

Use continuation sheet(s) if necessary

BU. VOU. NO.

Page 1 of 1

PAID BY

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

Payee's Account No. _____ Discount Terms _____

TO Baird-Atomic, Inc.
(Payee)
Cambridge 38, Massachusetts
(Address)

Contract No. TM-1606 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____
Shipped from _____ to _____ Weight _____ Govt. B/L No. _____

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		<u>Inv. Nos.</u> 5241-2 5187-26				\$2,100.58 25.00
TOTAL						\$2,125.58

PAYMENT:

COMPLETE ☐
PARTIAL ☐
FINAL ☐
PROGRESS ☐
ADVANCE ☐

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES _____

Amount verified; correct for _____
(Signature or initials) _____

STAT
=

† Approved for _____ = \$ _____

By _____

Title _____

Exchange rate _____ = \$1.00

Pursuant to authority vested in me, I certify that

payment.

STAT

26 Apr 61
(Date)

(Contracting Officer)

NY FORM

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ on Treasurer of the United States
Check No. _____ on _____ (Name of Bank)
Cash, \$ _____, on _____, 19 _____ Payee _____

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____
Title _____

ANALYTICAL & CONTROL
INSTRUMENTS

33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRD CO Cambridge, Massachusetts, U.S.A.

TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER

Encl #2
DPD 2595-61
COPY OF STAT

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WASHINGTON, D. C.

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DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO.	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
	TM-1606 COMMON CUSTOMER			5241-2
SHIP VIA	F.O.B. POINT	DATE SHIPPED INVOICE DATE	CARRIER'S RECEIPT NUMBER	
		3/31/61		

QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
			SERVICES INCURRED & CLAIMED MARCH 1961		
			WORK ORDER NO.		
		61-26	HOURS WORKED 2.0	HOURLY RATE 7.66 ✓	15.32 ✓
		61-28	54.5	7.66 ✓	417.47 ✓
		61-29	142.0	7.66 ✓	1,087.72 ✓
		61-30	34.5	7.66 ✓	264.27 ✓
		61-31	34.7	7.66 ✓	265.80 ✓
					2,050.58 ✓
			FACILITY MAINTENANCE FEE		50.00
					2,100.58 ✓
			1128-1964-5220 (740) 525.15		
			X728-1057-0175 (740) 1,575.43		
			<u>2,100.58</u>		
			We certify that the above bill is correct and just; that payment therefor has not been received.		
			BAIRD ATOMIC, INC.		
			By <u>J. M. MEDZOR</u> for		
			APR 22 11 01 AM '61		

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938 AS AMENDED

ANALYTICAL & CONTROL
INSTRUMENTS

33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

TERMS: NET 30 DAYS

YOUR ORDER


YOUR ORDER

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WASHINGTON, D. C.

STAT

DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO.	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
	1 TM-1606 "CUSTOMER C"			5187-26
SHIP VIA	F.O.B. POINT	DATE SHIPPED / INVOICE DATE	CARRIER'S RECEIPT NUMBER	
		3/31/61		

QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
			SERVICES FOR MARCH 1961:		
			FACILITY MAINTENANCE FEE X728-1017-0176 (740)		25.00
<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>By </p> <p>19. APR 11 11 22 AM '61</p>					

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

Use continuation sheet(s) if necessary

BU. VOU. NO. _____

Page 1 of 1

PAID BY

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

Payee's Account No. _____ Discount Terms _____

TO Baird Atomic, Inc.
(Payee)

Cambridge 38, Massachusetts
(Address)

Contract No. TM-1606

Date _____

Req. No. _____

Date _____

Invoice Rec'd. _____

Shipped from _____

Weight _____

Govt. B/L No. _____

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		Inv. Nos.				
		5187-24				\$ 25.00
		5187-25				25.00
		5241-1				1,197.20
			TOTAL			\$1,247.20

PAYMENT:

COMPLETE ☐
PARTIAL ☐
FINAL ☐
PROGRESS ☐
ADVANCE ☐

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES _____

Amount verified; correct for _____
(Signature or initials) _____

\$1,247.20

STAT

† Approved for _____ = \$ _____

By _____

Title _____

Exchange rate _____ = \$1.00

Pursuant to authority vested in me, I certify

payment.

STAT

Contracting Officer)

FORM

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by

Check No. _____ on Treasurer of the United States

Check No. _____ on _____ (Name of Bank)

Cash, \$ _____, on _____, 19 _____ Payee _____

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____

Baird**33 University Road, Cambridge 38, Massachusetts**

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS**TERMS: NET 30 DAYS**

YOUR ORDER

YOUR ORDER

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WASHINGTON, D. C.

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COPY 1 OF 2

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DATE ORDER RECEIVED		CUSTOMER'S ORDER NO. CUSTOMER C TM-1606		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER 5187-24	
SHIP VIA				F.O.B. POINT		DATE SHIPPED INVOICE DATE 1/31/61		CARRIER'S RECEIPT NUMBER	
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
			SERVICES FOR MONTH OF JANUARY 1961:						
			FACILITY MAINTENANCE FEE				X728-1017-0176 (740)	25.00	
<p><i>Hold for overpayment extending period of performance to Jan 61</i></p> <p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD ATOMIC, INC.</p> <p>By: </p>									

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938 AS AMENDED

ANALYTICAL & CONTROL
INSTRUMENTS

33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER


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WASHINGTON, D. C.

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Encl #1
DPD 1683-41
COPY 1 OF 2

STAT

DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO. CUSTOMER C TM - 1606	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER 5187-25	
SHIP VIA	F.O.B. POINT	DATE SHIPPED INVOICE DATE 2/28/61	CARRIER'S RECEIPT NUMBER		
QUANTITY DUE	SHIPPED TODAY	MODEL PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
			SERVICES FOR FEBRUARY 1961:		
			FACILITY MAINTENANCE FEE	X728-1017-0176(74)	25.00
			<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>By  Controller</p>		

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED



33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER

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End #2
DPD 1683-41
COPY 1 OF 2 STAT

DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO. COMMON CUSTOMER TM-1606	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER 5241-1
SHIP VIA	F.O.B. POINT	DATE SHIPPED INVOICE DATE 2/28/61	CARRIER'S RECEIPT NUMBER	

QUANTITY DUE	SHIPPED TODAY	MODEL PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
			SERVICES FOR FEBRUARY 1961	HOURS WORKED	HOURLY RATE
			WORK ORDER 61-18	2.0	7.66
			WORK ORDER 61-19	30.5	7.66
			WORK ORDER 61-22	54.7	7.66
			WORK ORDER 61-23	39.9	7.66
			WORKER ORDER 61-26	16.0	7.66
				143.1	
			TRANSPORTATION OUT (Receipt Attached) WORK ORDER 61-21		
			FACILITY MAINTENANCE FEE		
			AMOUNT SUBMITTED FOR REIMBURSEMENT		

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED IN THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938 AS AMENDED

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

Use continuation sheet(s) if necessary

BU. VOU. NO. _____

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

Payee's Account No. _____ Discount Terms _____

TO Baird-Atomic, Inc.
(Payee)

Cambridge 38, Massachusetts
(Address)

PAID BY

Contract No. TM 1616 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____
Shipped from _____ to _____ Weight _____ Govt. B/L No. _____

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		Invoice No. 5143-43 (Orig. Inv. Att) 5142-40 (Orig. Inv. Att)				\$1,055.27 48.11
TOTAL						\$1,103.38

(PAYEE MUST NOT USE THIS SPACE)

PAYMENT:

COMPLETE ☐
PARTIAL ☐
FINAL ☐
PROGRESS ☐
ADVANCE ☐

DIFFERENCES _____

Amount verified; correct for _____
(Signature or initials)

\$1,103.38

STAT

† Approved for _____ = \$ _____

By _____

Title _____

Exchange rate _____ = \$1.00

Pursuant to authority vested in me, I certify that

3 Mar 61
(Date)
Acting Officer

STAT

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by

Check No. _____ on Treasurer of the United States

Check No. _____ on _____
(Name of Bank)

Cash, \$ _____, on _____, 19 _____ Payee _____

Per _____

Title _____

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Baird**33 University Road, Cambridge 38, Massachusetts**

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS**TERMS: NET 30 DAYS**

YOUR ORDER

YOUR ORDER


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WASHINGTON, D. C.

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Encl #2

DPD - 1262-61
COPY 4 OF 2 STAT

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO. CUSTOMER B TM-1606		SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER 5143-43	
SHIP VIA		F.O.B. POINT		DATE SHIPPED INVOICE DATE 1/31/61		CARRIER'S RECEIPT NUMBER	
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION			UNIT PRICE	TOTAL
<u>SERVICES FOR MONTH OF JANUARY 1961:</u>							
<u>WORK ORDER #</u>				<u>HOURS WORKED</u>	<u>HOURLY RATE</u>		
61-19				64.9	7.66	497.13 ✓	
61-21				6.0	7.66	45.96 ✓	
61-22				16.0	7.66	122.56 ✓	
61-23				47.6	7.66	364.62 ✓	
TOTAL LABOR				134.5		1,030.27	
FACILITY MAINTENANCE FEE						25.00	
AMOUNT SUBMITTED FOR REIMBURSEMENT						1,055.27	
<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>By </p>							
STAT							

X728-1057-0175(740)

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938 AS AMENDED



Baird Atomic, Inc.
 33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
 INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER

SOLD TO

SHIP TO

WASHINGTON, D. C.

Encl #1
 DPD - 1262-61
 COPY 1 OF 2 STAT

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO. CUSTOMER A TM-1606		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER 5142-40	
SHIP VIA				F.O.B. POINT		DATE SHIPPED INVOICE DATE 1/31/61		CARRIER'S RECEIPT NUMBER	
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
<u>SERVICES FOR MONTH OF JANUARY 1961:</u>									
			FACILITY MAINTENANCE FEE					25.00	
			TRANSPORTATION OUT ON WORK ORDER 61-10057					<u>23.11</u>	
			AMOUNT SUBMITTED FOR REIMBURSEMENT 1/28-1964-5220(7A)					48.11	
<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>E []</p>									

STAT

Standard Form No. 1034
7 GAO 5030
1034-106**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

Use continuation sheet(s) if necessary

D. O. YOU. NO.

BU. YOU. NO.

U. S. _____
(Department, bureau, or establishment)Voucher prepared at _____
(Give place and date)

Payee's Account No. _____ Discount Terms _____

TO Baird-Atomic, Inc.
(Payee)Cambridge 38, Massachusetts
(Address)

PAID BY

Contract No. TM-1606 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____
Shipped from _____ to _____ Weight _____ Govt. B/L No. _____

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		Invoice No. 5142-39 (Orig. Inv. Att) 5143-42 (Orig. Inv. Att) 5187-23 (Orig. Inv. Att)				\$ 37.56 1,123.40 25.00
TOTAL						\$1,185.96

PAYMENT:

COMPLETE ☐
 PARTIAL ☐
 FINAL ☐
 PROGRESS ☐
 ADVANCE ☐

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES _____

Amount verified; correct for
(Signature or initials) _____

\$1,185.96

STAT

Pursuant to authority vested in me, I certify that payment.

† Approved for _____ = \$ _____

By _____

Title _____

Exchange rate _____ = \$1.00

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ on Treasurer of the United States
 Check No. _____ on _____ (Name of Bank)
 Cash, \$ _____, on _____, 19 _____ Payee _____

Contracting Officer)

BY FORM

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____



33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER

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DPD 0439-61

COPY OF STAT

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO. CUSTOMER A TM-1606		SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER 5142-39	
SHIP VIA				F.O.B. POINT	DATE SHIPPED/INVOICE DATE 12/31/60		CARRIER'S RECEIPT NUMBER
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION			UNIT PRICE	TOTAL
			SERVICES FOR DECEMBER 1960				
			TRANSPORTATION OUT 61-971 (Receipt Attached)				12.56
			FACILITY MAINTENANCE FEE				<u>25.00</u>
			AMOUNT SUBMITTED FOR REIMBURSEMENT				37.56
			UNEXPENDED END OF CURRENT MONTH:			4,426.37	
			<i>1128-1964-5220(740)</i>				
			<p>We certify that the above bill is correct and that payment therefor has not been received.</p> <div></div> <p>Controller</p>				STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED

Baird**33 University Road, Cambridge 38, Massachusetts**

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER

ENCL #1
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WASHINGTON, D. C.

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DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO. CUSTOMER B TM-1606		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER 5143-42	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE 12/31/60		CARRIER'S RECEIPT NUMBER	
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
SERVICES FOR DECEMBER									
		WORK ORDER	HOURS WORKED	RATE					
		61-16	35.8	7.66	✓	274.23	✓		
		61-18	2.0	7.66	✓	15.32	✓		
		61-19	72.0	7.66	✓	551.52	✓		
		61-20	8.0	7.66	✓	61.28	✓		
		61-21	4.0	7.66	✓	30.64	✓		
		TOTAL LABOR	121.8	7.66				932.99	
		MATERIALS 61-19				34.38	✓		
		PLUS G & A O/H @ 11%				3.78	✓	38.16	
		TRANSPORTATION AT COST (Receipts Attached)							
		61-20				16.73	✓		
		61-16, 61-19				25.15	✓		
		60-23, 61-7, 61-9, 61-15, 61-16, 61-17				45.09	✓		
		61-7, 61-10, 61-11, 61-12, 61-13, 61-14, 61-15				40.28	✓	127.25	
		FACILITY MAINTENANCE FEE						25.00	
		AMOUNT SUBMITTED FOR REIMBURSEMENT						1,123.40	
		UNEXPENDED END OF CURRENT MONTH:	2,515.41						
<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD ATOMIC INC.</p> <p>ler</p>									
STAT									

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938 AS AMENDED

DPD-0439-61

24 January 1961

TO : Finance Officer/DPD
FROM : Baird-Atomic, Inc.
SUBJECT: Transmittal of Invoices

Transmitted herewith are Invoice Nos. 5143-42,
5142-39, and 5187-23.

Distribution:

Copies 1 & 2 - Finance (w/invoices)
3 - RI/DPD (w/o invoices)



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

IMPORTANT

TO INSURE PROPER CREDIT PLEASE RETURN DUPLICATE INVOICE WITH PAYMENT OR SHOW OUR INVOICE NUMBER ON YOUR REMITTANCE.

SHIP TO **P.O. BOX 7, SCRANTON, PA.**

INVOICE NUMBER
BOS-16816

DATE
12-7-60

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**P.O. BOX 232
CAMBRIDGE, MASS.**

J.C. 5143

North Order 61-16-61-19

PAY THIS AMOUNT

SIGNED FOR SHIPPER BY

NO. PIECES	DESCRIPTION AND MARKS
1	ELEC. EA (7)

SPECIAL INSTRUCTIONS

RECEIVED BY EMERY AIR FREIGHT AT:
SHIPPER'S DOOR ☒ EMERY TERMINAL ☐ OTHER CARRIER'S TERMINAL ☐

LENGTH ☒ WIDTH ☒ HEIGHT ☐ CUBIC FEET ☐ DIMENSIONAL WEIGHT ☐

2

THIS IS YOUR INVOICE COVERING TRANSPORTATION OF THE SHIPMENT DESCRIBED ABOVE. GOVERNMENT REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS.
ORIGINAL INVOICE

TARIFF DESTINATION	FOR E.A.F. USE ONLY	STAT
MCN MCN		
CHARGES		
AIR FREIGHT (SCALE NO. 29)	25	15
PICKUP		
DELIVERY		
CHARGES ADVANCED AT ORIGIN		
AT DESTINATION		
FEE (FOR)		
VALUATION CHARGE		
OTHER		
SHIPPER'S C.O.D.		
C.O.D. FEE		
TOTAL CHARGES	25	15



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

EMERY AIR FREIGHT CORPORATION

IMPORTANT

TO INSURE SHIPMENT AGAINST LOSS OR DAMAGE, SHIPPER MUST OBTAIN INSURANCE FROM HIS OWN SOURCE.

EMERY IS P.O. BOX 1, NEW YORK, N.Y.

INVOICE NUMBER

BOS 46408

DATE
11/4/60

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P.O. BOX 232
CAMBRIDGE, MASS.

J.D. 5143

PAY THIS AMOUNT

\$40.28

TARIFF DESTINATION	FOR E.A.F. USE ONLY	STAT
MCN		
CHARGES		
AIR FREIGHT (29)		40.28
PICKUP		
DELIVERY		
CHARGES ADVANCED AT ORIGIN		
AT DESTINATION		
FEE (FOR)		
VALUATION CHARGE		
OTHER		
SHIPPER'S C.O.D.		
C.O.D. FEE		
TOTAL CHARGES		40.28

NO. PIECES	DESCRIPTION AND MARKS	WEIGHT
1	BOX ELEC INST <i>Spk Ordbrs. 61-7, 61-10, 61-11, 61-12, 61-13, 61-14, 61-15 5143</i>	134
	(7)	180 40.28

RECEIVED BY EMERY AIR FREIGHT AT:	TIME/DATE	PER
SHIPPER'S DOOR <input checked="" type="checkbox"/> EMERY TERMINAL <input type="checkbox"/> OTHER CARRIER'S TERMINAL <input type="checkbox"/>	1960	
LENGTH X WIDTH X HEIGHT	CUBIC INCHES	DIMENSIONAL WEIGHT

2 THIS IS YOUR INVOICE COVERING TRANSPORTATION OF THE SHIPMENT DESCRIBED ABOVE. GOVERNMENT REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS. ORIGINAL INVOICE FORM OA-1 PRINTED IN U.S.A.



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

EMERY AIR FREIGHT CORPORATION

IMPORTANT

TO ORDER OF THE SHIPPER, THIS INVOICE IS VALID FOR PAYMENT ONLY IF IT IS PRESENTED TO THE CARRIER WITHIN 90 DAYS OF THE DATE OF THE SHIPMENT.

SHIP TO **P.O. BOX 7, SCRANTON, PA.**

INVOICE NUMBER

46610

DATE **11-18-60**

P.O. BOX 232
CAMBRIDGE, MASS.

5143

180

45.09

PAY THIS AMOUNT
\$45.09

TARIFF DESTINATION	FOR E.A.F. USE ONLY	STAT
McK		
CHARGES		
AIR FREIGHT (SCALE NO. 2)	45.09	✓
PICKUP	0.00	
DELIVERY		
CHARGES ADVANCED AT ORIGIN		
AT DESTINATION		
FEE (FOR)		
VALUATION CHARGE		
OTHER		
SHIPPER'S C.O.D.		
C.O.D. FEE		
TOTAL CHARGES	45.09	

SIGNED FOR SHIPPER BY

DATE OF ORDER NO.

NO. PIECES	DESCRIPTION AND MARKS	WEIGHT
1	ELECT EA (7)	150

SPECIAL INSTRUCTIONS

Shall deliver. 60-23, 61-7, 61-8, 61-15, 61-16+

RECEIVED BY EMERY AIR FREIGHT AT:
SHIPPER'S DOOR ☒ EMERY TERMINAL ☐ OTHER CARRIER'S TERMINAL ☐
LENGTH ☒ WIDTH ☒ HEIGHT ☐ CUBIC INCHES ☐ DIMENSIONAL WEIGHT ☐
DATE **11/18** PER **DMT 6-17**

2

THIS IS YOUR INVOICE COVERING TRANSPORTATION OF THE SHIPMENT DESCRIBED ABOVE. GOVERNMENT REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS. ORIGINAL INVOICE FORM OA-1 PRINTED IN U.S.A.

Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9



33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER

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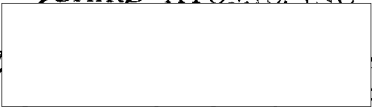
WASHINGTON, D. C.

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ENCL #3

DPD 0439-61

COPY OF STAT

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO. CUSTOMER C TM-1606		SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER 5187-23	
SHIP VIA		F.O.B. POINT		DATE SHIPPED/INVOICE DATE 12/31/60		CARRIER'S RECEIPT NUMBER	
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION			UNIT PRICE	TOTAL
			SERVICES FOR DECEMBER 1960 FACILITY MAINTENANCE FEE <i>X728-1087-0176(No)</i>				25.00
			UNEXPENDED END OF CURRENT MONTH: \$2,325.00				
<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>By  Controller</p>							
STAT							

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

D. O. VOU. NO. _____

Use continuation sheet(s) if necessary

BU. VOU. NO. _____

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

Payee's Account No. _____ Discount Terms _____

TO Beird-Atomic, Inc.
(Payee)

Cambridge 38, Massachusetts
(Address)

PAID BY

Contract No. TM-1606 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____
Shipped from _____ to _____ Weight _____ Govt. B/L No. _____

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		Invoice No. 5142-38 (Orig. Inw. Att) 5143-41 (Orig. Inw. Att) 5187-22 (Orig. Inw. Att)				\$148.82 1,801.81 25.00
TOTAL						\$1,975.63

PAYMENT:

COMPLETE ☐
PARTIAL ☐
FINAL ☐
PROGRESS ☐
ADVANCE ☐

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES _____

Amount verified; correct for _____
(Signature or initials) _____

\$1,975.63

STAT

† Approved for _____ = \$ _____

By _____

Title _____

Exchange rate _____ = \$1.00

Verify that
payment.

STAT

5 Jan 61
(Date)

(Contracting Officer)
FORM

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ on Treasurer of the United States

Check No. _____ on _____
(Name of Bank)

Cash, \$ _____, on _____, 19 _____ Payee _____

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____

TERMS: NET 30 DAYS

YOUR ORDER

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WASHINGTON, D. C.

SHIP TO

DPD 9/52-60
COPY 1 OF 2 STAT

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
		TM-1606 CUSTOMER A		HOUSE	5142-38
SHIP VIA			F.O.B. POINT	DATE SHIPPED / INVOICE DATE	CARRIER'S RECEIPT NUMBER
				November 30, 1960	
QUANTITY DUE	SHIPPED TODAY	MODEL PART NUMBER	DESCRIPTION		TOTAL
			SERVICES FOR NOVEMBER 1960:		
		<u>WORK ORDER NO.</u>	<u>HOURS WORKED</u>	<u>HOURLY RATE</u>	
		61-10057	9.8	7.66 ✓	75.07 ✓
		TRANSPORTATION COSTS OUT (Receipt Attached)			
		61-4473			48.75 ✓
		FACILITY MAINTENANCE FEE			25.00 ✓
		AMOUNT SUBMITTED FOR REIMBURSEMENT			148.82 ✓
		We certify that the above bill is correct and just; that payment therefor has not been received. BAIRD-ATOMIC, INC.			
		By [Signature]	Controller		
					STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938 AS AMENDED

ANALYTICAL & CONTROL INSTRUMENTS

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.



Atomic

YOUR ORDER

DPD 9154-60
COPY 1 OF 2

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SHIP TO

WASHINGTON, D. C.

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606 CUSTOMER B				HOUSE		5143-41	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						November 30, 1960			
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
Dec 21 4 05 PM '60		SERVICES FOR NOVEMBER 1960:							
		<u>WORK ORDER NO.</u>		<u>HOURS WORKED</u>		<u>HOURLY RATE</u>			
		60-14		29.9		7.66 ✓		229.03	
		60-16		14.9		7.66 ✓		114.14	
		60-17		6.8		7.66 ✓		52.09	
		61-13		61.0		7.66 ✓		467.26	
		61-14		71.2		7.66 ✓		545.39	
		61-16		37.9		7.66 ✓		290.31	
		61-17		6.0		7.66 ✓		45.96	
				227.7		7.66 ✓		1,744.18	
		MATERIALS							
		60-16				8.10			
		61-3				21.30		29.40	
		G & A @ 11% ✓							3.23
		FACILITY MAINTENANCE FEE							25.00
	AMOUNT SUBMITTED FOR REIMBURSEMENT							1,801.81	
We certify that the above bill is correct and just; that payment therefor has not been received.									
PAID ACCO. NO. 100									
STAT									

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938 AS AMENDED



33 University Road, Cambridge 38, Massachusetts

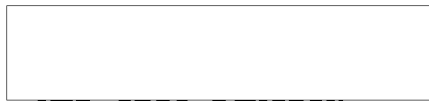
TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER

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DPD 9155-60
 COPY 1 OF 2 STAT

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606 CUSTOMER		C		HOUSE		5187-22	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						November 30, 1960			

QUANTITY DUE	SHIPPED TODAY	MODEL PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
			SERVICES FOR NOVEMBER 1960:		
			FACILITY MAINTENANCE FEE	X728-1017-0176 (74%)	25.00 ✓
			<p style="text-align: center;">We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p style="text-align: center;">BAIRD-ATOMIC, INC.</p> <div style="border: 1px solid black; width: 200px; height: 50px; margin: 10px auto;"></div>		
					STAT

Dec 21 4 05 PM '60

7 GAO 5030
1034-106PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

Use continuation sheet(s) if necessary

BU. VOU. NO. _____

U. S. _____

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

Payee's Account No. _____

Discount Terms _____

TO _____

Baird-Atomic, Inc.

(Payee)

Cambridge 38, Massachusetts

(Address)

PAID BY

Contract No. TM 1606

Date _____

Req. No. _____

Date _____

Invoice Rec'd. _____

Shipped from _____

to _____

Weight _____

Govt. B/L No. _____

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		Invoice No. 5142-37 (Orig. Inv. Att) 5143-40 (Orig. Inv. Att) 5187-21 (Orig. Inv. Att)				\$ 289.27 1,266.70 25.00
TOTAL						\$1,580.97

PAYMENT:

COMPLETE ☐PARTIAL ☐FINAL ☐PROGRESS ☐ADVANCE ☐

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES _____

Amount verified; correct for _____

(Signature or initials) _____

1580.97

STAT.

† Approved for _____ = \$ _____

By _____

Title _____

Exchange rate _____ = \$1.00

Pursuant to authority vested in me, I certify that
this voucher is correct and proper for payment.

2 STAT

(Date)

ing Officer)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE

ACCOUNTING CLASSIFICATION (Appropriation Symbol)

Paid by

Check No. _____ on Treasurer of the United States

Check No. _____ on _____ (Name of Bank)

Cash, \$ _____, on _____, 19 _____ Payee _____

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____

ANALYTICAL & CONTROL
INSTRUMENTS

33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIDCO Cambridge, Massachusetts, U.S.A.

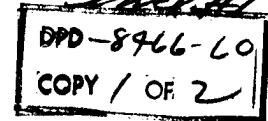
TERMS: NET 30 DAYS

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DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606 CUSTOMER A				HOUSE		5142-37	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						10/31/60			
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
			<u>Cost Incurred for Month of October 1960:</u>						
			<u>Work Order</u>						
			61-4473 34.5 hours @ \$7.66/hr. ✓					264.27 ✓	
			Facility Maintenance Fee					25.00	
			Amount submitted for reimbursement					289.27 ✓	
			Unexpended End of Month: \$4,612.75						
			<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>(BAIRD-ATOMIC, INC.)</p> <p>By </p>						
			<p>1128-0964-5220 (740)</p>						
								STAT	

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SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938. AS AMENDED

Baird**33 University Road, Cambridge 38, Massachusetts**

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

TERM: NET 30 DAYS

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COPY 1 OF 2

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DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606 CUSTOMER B				HOUSE		5143-40	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						10/31/60			
QUANTITY DUE	SHIPPED TODAY	MODEL PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
COST INCURRED FOR MONTH OF OCTOBER 1960:									
WORK ORDER NO.			HOURS WORKED				RATE		
61-3			19				7.66	145.54 ✓	
61-4			4				7.66	30.64 ✓	
61-5			22				7.66	168.52 ✓	
61-6			28				7.66	214.48 ✓	
61-7			17				7.66	130.22 ✓	
61-9			30				7.66	229.80 ✓	
61-10			23				7.66	176.18 ✓	
61-11			2				7.66	15.32 ✓	
61-12			12				7.66	91.92 ✓	
SUB TOTAL			157				7.66	1,202.62 ✓	
TRANSPORTATION OUT (Receipt Attached)								39.08 ✓	
Work order no. 61-3, 61-4, 61-5, 61-6, 61-8, 61-9									
FACILITY MAINTENANCE FEE								25.00 ✓	
AMOUNT SUBMITTED FOR REIMBURSEMENT								1,266.70 ✓	
Unexpended End of Month: \$5,440.62									
			We certify that the above bill is correct and just; that payment therefor has not been received. By 					STAT	

SELLER REPRESENTS THAT WITH RESPECT TO THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

INVOICE NUMBER

505- 57674

IMPORTANT

RECEIVED BY SHIPPER'S DOOR OR DESTINATION ONLY. NO OTHER DELIVERY SERVICE AVAILABLE ON YOUR INSURANCE.

SHIP TO P.O. BOX 232, CAMBRIDGE, MA.

DATE 10/14/60

P.O. BOX 232
CAMBRIDGE, MASS.

SIGNED FOR SHIPPER BY

NO. PIECES

1 shirt equip

(7)

P.O. R.S.
61-3, 61-4, 61-5, 61-6, 61-8 &

\$39.08

EXT. OR ORDER NO. 61-9

AP.P.

5143

180

39.08

SPECIAL INSTRUCTIONS

RECEIVED BY SHIPPER'S DOOR
SHIPPER'S DOOR
EMERY TERMINAL
TERMINAL

LENGTH X WIDTH X HEIGHT = CUBIC INCHES = DIMENSIONAL WEIGHT

TARIFF DESTINATION FOR E.A.F. USE ONLY STAT

AIR FREIGHT (29) 3908

PICKUP

DELIVERY

CHARGES ADVANCED AT ORIGIN

AT DESTINATION

FEE (FOR)

VALUATION CHARGE

OTHER STAT

SHIPPER'S C.O.D.

C.O.D. FEE

TOTAL CHARGES 3908

2

THIS IS YOUR INVOICE COVERING TRANSPORTATION OF THE SHIPMENT DESCRIBED ABOVE. GOVERNMENT REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS.
ORIGINAL INVOICE FORM OA-1 PRINTED IN U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

TERMS: NET 30 DAYS

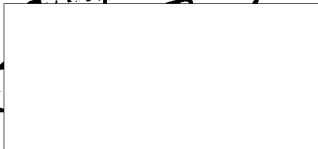
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COPY 1 OF 2 STAT

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER	
		TM-1606 CUSTOMER C			HOUSE	5187-21	
SHIP VIA				F.O.B. POINT	DATE SHIPPED INVOICE DATE	CARRIER'S RECEIPT NUMBER	
					10/31/60		
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION			UNIT PRICE	TOTAL
			COST INCURRED FOR MONTH OF OCTOBER 1960:				
			Facility Maintenance Fee			X728-1017-0176(740)	25.00
			Unexpended End of Month: \$2,375.00				
<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>By  Controller</p>							

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938 AS AMENDED

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

Use continuation sheet(s) if necessary

SU. VOU. NO.

Page 1 of 1

PAID BY

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

Payee's Account No. _____ Discount Terms _____

TO Baird Atomic, Inc.
(Payee)

Cambridge 38, Massachusetts
(Address)

Contract No. TM-1606 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____
Shipped from _____ to _____ Weight _____ Govt. B/L No. _____

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		Inv. Nos.				
		5142-36				\$ 47.98
		5143-38				(75.71)
		5143-39				336.50
		5187-19				50.00
		5187-20				25.00
				TOTAL		\$383.77

PAYMENT:

COMPLETE ☐
PARTIAL ☐
FINAL ☐
PROGRESS ☐
ADVANCE ☐

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES _____

Amount verified; correct
(Signature or initials) _____

\$ 383.77

STAT

† Approved for _____ = \$ _____

By _____

Title _____

Exchange rate _____ = \$1.00

Pursuant to authority vested in me, I certify that
this voucher is correct and proper for payment.

23 NOV 1960

(Date)

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tracting Office

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE ON

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ on Treasurer of the United States
Check No. _____ on _____ (Name of Bank)
Cash, \$ _____, on _____, 19 _____ Payee _____

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____
Title _____

Baird**33 University Road, Cambridge 38, Massachusetts**ANALYTICAL & CONTROL
INSTRUMENTS

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

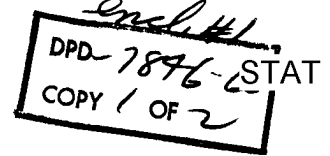
TERMS: NET 30 DAYS

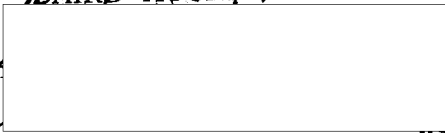
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DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606 CUSTOMER A						5142-36	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						September 30, 1960			
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
			COST INCURRED FOR SEPTEMBER 1960:						
			<u>Work Order No.</u>	<u>Hours Worked</u>	<u>Hourly Rate</u>				
			60-5927	3 ✓	7.66 ✓		22.98 ✓		
			Facility Maintenance Fee for September					25.00 ✓	
			AMOUNT SUBMITTED FOR REIMBURSEMENT					47.98 ✓	
<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>By </p>									
<p>STAT</p> <p>OCT 19 4 23 PM '60</p>									

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED

Baird

33 University Road, Cambridge 38, Massachusetts



TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRD CO Cambridge, Massachusetts, U.S.A.

TERMS: NET 30 DAYS

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COPY 1 OF 2 STAT

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606 (CUSTOMER B)						5143-38	
SHIP VIA				F.O.B. POINT		DATE SHIPPED INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						9/30/60			
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
			<u>CREDIT ADJUSTMENT PER AMENDMENT 16:</u>						
PERIOD: JULY AND AUGUST 1960			<u>Hours Worked</u>		<u>Hourly Rate</u>				
Prod/Assyman @ estimated rate (previous rate)			118.3		8.30		(981.89)		
Billed at new rates per Amend. 16			118.3		7.66		906.18		
			TOTAL CREDIT DUE					(75.71)	
<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>09. Hd 50 By </p>									

STAT



33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

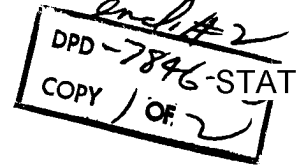
TERMS: NET 30 DAYS


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DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606 CUSTOMER B						5143-39	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						9/30/60			
QUANTITY DUE	SHIPPED TODAY	MODEL PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
COST INCURRED FOR SEPTEMBER 1960:									
		<u>Work Order No.</u>	<u>Hours Worked</u>	<u>Hourly Rate</u>					
		60-1	5	7.66 ✓				38.30 ✓	
		60-6	20	7.66 ✓				153.20 ✓	
		60-24	9	7.66 ✓				68.94 ✓	
		Facility Maintenance Fee for September						25.00 ✓	
		Transportation Out on							
		Work Orders 60-22, 60-24, 60-25, 61-1, 61-2						51.06 ✓	
		AMOUNT SUBMITTED FOR REIMBURSEMENT						336.50 ✓	
<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>By </p>									

STAT



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

INVOICE NUMBER
DUS 58151
DATE
9-23-60

IMPORTANT

DATE OF SERVICE
ON YOUR ENTRANCE

U.S. BOX 7, CAMBRIDGE, MA.

STAT
P.O. BOX 232
CAMBRIDGE, MASS.

B I L L T O	P.O. BOX 232 CAMBRIDGE, MASS.	CHECKED	EXT.	DISCT.	PAY THIS AMOUNT \$51.06
			FTGS.	APP.	
SIGNED FOR SHIPPER BY		DEPT. OR ORDER NO.			
NO. PRICES		1 w/A/ elec. PTS.		175	
SPECIAL INSTRUCTIONS		WARRENSE 17-STORE ROOM			
RECEIVED BY SHIPPER'S DOOR		9-23-60			
SHIPPER'S DOOR		DNT			
LENGTH		WIDTH		HEIGHT	
X		X		X	

TARIFF DESTINATION	FOR E.A.F. USE ONLY
ATL	
AIR FREIGHT (29)	57.06
PICKUP	
DELIVERY	
CHARGES ADVANCED AT ORIGIN	
AT DESTINATION	
FEE (FOR)	
VALUATION CHARGE	
OTHER	
SHIPPER'S C.O.D.	
C.O.D. FEE	
TOTAL CHARGES	57.06

THIS IS YOUR INVOICE COVERING TRANSPORTATION OF THE SHIPMENT DESCRIBED ABOVE. GOVERNMENT REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS. ORIGINAL INVOICE

2

Baird**33 iversity Road, Cambridge 38, ssachusetts****ANALYTICAL & CONTROL
INSTRUMENTS**

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRD CO Cambridge, Massachusetts, U.S.A.

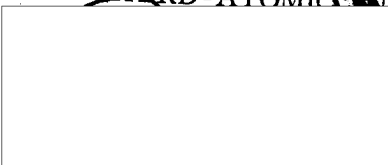
TERMS: NET 30 DAYS

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COPY 1 OF 2 STAT

WASHINGTON, D. C.

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606 (CUSTOMER C)						5187-19	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						9/30/60			
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
			ADJUSTMENT FOR PERIOD JULY 1 THRU AUGUST 31 PER AMENDMENT NO. 16:						
			Facility Maintenance Fee						
			July				25.00		
			August				25.00		
			AMOUNT SUBMITTED FOR REIMBURSEMENT					50.00	
<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC INC.</p> <p> Controller</p>									

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED

Baird**33 University Road, Cambridge 38, Massachusetts**

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

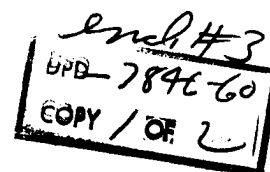
TERM: NET 30 DAYS

YOUR ORDER

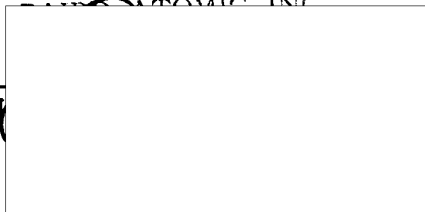
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DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606		CUSTOMER C				5187-20	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						9/30/60			
QUANTITY DUE	SHIPPED TODAY	MODEL PART NUMBER	DESCRIPTION					UNIT PRICE	TOTAL
			COST INCURRED FOR SEPTEMBER 1960:						
			Facility Maintenance Fee for September						25.00
<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>By </p>									STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED

Standard Form No. 1034
7 GAO 5030
1034-106

**PURCHASE VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

Use continuation sheet(s) if necessary

D. O. VOU. NO. _____

BU. VOU. NO. _____

Page 1 of 1

PAID BY

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

Payee's Account No. _____ Discount Terms _____

TO Baird-Atomic, Inc.
(Payee)

Cambridge 38, Massachusetts
(Address)

Contract No. TM 1606 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____
Shipped from _____ to _____ Weight _____ Govt. B/L No. _____

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		Inv. Nos. 5142-35, 5143.37 <i>Adj. by Memo # 6448</i>				\$ 25.00 308.03
TOTAL						\$333.03

PAYMENT:

COMPLETE ☐
PARTIAL ☐
FINAL ☐
PROGRESS ☐
ADVANCE ☐

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES _____

Amount verified; correct for _____
(Signature or initials) _____

1333.03

STAT

† Approved for _____ = \$ _____

By _____

Title _____

Exchange rate _____ = \$1.00

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

16 SEP 1960

(Date)

STAT

Contracting Officer

RM

nal)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR
ACCOUNTING CLASSIFICATION (Appropriation Symbol)

Paid by

Check No. _____ on Treasurer of the United States

Check No. _____ on _____ (Name of Bank)

Cash, \$ _____, on _____, 19 _____ Payee _____

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____



33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

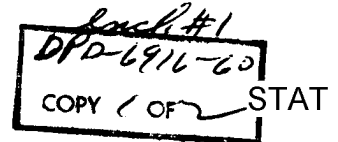
TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER

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WASHINGTON, D. C.

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DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM 1606 CUSTOMER A						5142-35	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						8/31/60			
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
			COSTS INCURRED FOR THE MONTH OF AUGUST 1960:						
			Facility Maintenance Fee					\$25.00 ✓	
			1128-0964-5220 (740)						
			We certify that the above bill is correct and just; that payment therefor has not been received.						
			BAIRD ATOMIC, INC.						
			By					STAT	

SEP 12 3 35 PM '60



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER

CATEGORY


Encl. #2
DPD-6916-60
COPY 1 OF 2
STAT

A Prod/Assyman-\$8.30/hr

SOLD TO

SHIP TO

WASHINGTON, D. C.

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606, CUSTOMER		B				5143-37	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						8/31/60			
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
			COSTS INCURRED FOR THE MONTH OF AUGUST 1960:						
			Facility Maintenance Fee					25.00 ✓	
			<u>Work Order Number</u>	<u>Category</u>	<u>Hourly Rate</u>	<u>Hours Worked</u>			
			61-4	A	8.30	24.1		200.03 ✓	
			60-12	A	8.30	10.0		83.00 ✓	
			AMOUNT SUBMITTED FOR REIMBURSEMENT					308.03 ✓	
			X728-1057-0175(740)						
			We certify that the above bill is correct and just; that payment therefor has not been received.						
			BAIRD-ATOMIC, INC.						
			By- 					STAT	

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED

Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

**Please destroy t. 5187-18
totalling \$50.00, and accept
this corrected invoice for
your records. Payment of
\$25.00 against this invoice
received.**

Thanks,

BAIRD-ATOMIC, INC.



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER


YOUR ORDER

SOLD TO

WASHINGTON, D. C.

SHIP TO

encl #2
DPO-6916-6 STAT
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DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER		
		TM-1606, CUSTOMER C						5187-18		
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER		
						7/31/60 9/9/60 (reissued)				
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL		
			COSTS INCURRED FOR MONTH OF JULY 1960: Facility Maintenance Fee for June not previously billed.					25.00		
			<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>By: </p>						STAT	

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED

D. O. YOU. NO. _____

BU. YOU. NO. _____

PAID BY

{Address}

Govt. B/L No.

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Title

ANALYTICAL & CONTROL
INSTRUMENTS

Baird

33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

TERMS: NET 30 DAYS



YOUR ORDER

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WASHINGTON, D. C.

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO. TM-1606 CUSTOMER C		SCHEDULED SHIPPING DATE		SALESMAN HOUSE		INVOICE NUMBER 5187-18	
SHIP VIA				F.O.B. POINT		DATE SHIPPED / INVOICE DATE July 31, 1960		CARRIER'S RECEIPT NUMBER	
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
			SERVICES INCURRED:						
			Facility Maintenance Fee for June 1960					25.00	
			July 1960					25.00	
			Net Amount Submitted for Reimbursement					50.00	
			<i>Less Facility Maintenance fee for July</i>					<i>25.00</i>	
			<i>Processed for payment</i>					<i>25.00</i>	
			X728-1017-0176(740)						
			We certify that the above bill is correct and just; that payment therefor has not been received.						
			By  er					STAT	

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED

ANALYTICAL & CONTROL
INSTRUMENTS**Baird****33 University Road, Cambridge 38, Massachusetts**

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

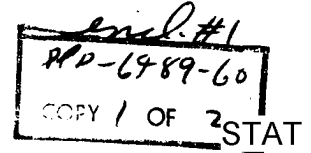
TERMS: NET 30 DAYS

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DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO. TM-1606 CUSTOMER A		SCHEDULED SHIPPING DATE	SALESMAN HOUSE	INVOICE NUMBER 5142-34	
SHIP VIA				F.O.B. POINT	DATE SHIPPED / INVOICE DATE July 21, 1960	CARRIER'S RECEIPT NUMBER	
QUANTITY DUE	SHIPPED TODAY	MODEL / PART NUMBER	DESCRIPTION			UNIT PRICE	TOTAL
			SERVICES DURING JULY 1960:				
			FACILITY MAINTENANCE FEE				25.00
			AMOUNT SUBMITTED FOR REIMBURSEMENT				25.00
			<i>1328-0964-5220 (740)</i>				
			<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>By: </p>				STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED

Baird**33 University Road, Cambridge 38, Massachusetts****ANALYTICAL & CONTROL
INSTRUMENTS**

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRD CO Cambridge, Massachusetts, U.S.A.

TERMS: NET 30 DAYS

YOUR ORDER

COPY 1 OF 2

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A. Clerical-Prod. - \$6.27/hr. STAT
 B. Prod. Assyman - \$8.30/hr.
 C. Prod. Tech. Mach. - \$9.84/hr.
 D. R & E Sr. Tech - \$7.98/hr.
 E. Engineer - \$9.81/hr.

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606 CUSTOMER B				HOUSE		5143-36	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						July 31, 1960			
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
SERVICING DURING JULY 1960:									
<u>WORK ORDER #</u>		<u>CATEGORY</u>	<u>HOURLY RATE</u>	<u>TOTAL NO. HOURS</u>					
60-23		B	8.30	25.0		207.50 ✓			
60-24		B	"	30.7		254.81 ✓			
60-25		B	"	4.5		37.35 ✓			
60-27		B	"	6.0		49.80 ✓			
61-1		B	"	18.0		149.40 ✓			
FACILITY MAINTENANCE FEE							25.00 ✓		
AMOUNT SUBMITTED FOR REIMBURSEMENT							723.86 ✓		
<p>723 X728-1057-0175 (740)</p> <p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>By: </p>									
								STAT	

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED

Standard Form No. 1034
7 GAO 5030
1034-106PURCHASER VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

Use continuation sheet(s) if necessary

D. O. VOU. NO. _____

BU. VOU. NO. _____

Page 1 of 1

U. S. _____

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

Payee's Account No. _____

Discount Terms _____

TO Baird - Atomic, Inc.

(Payee)

Cambridge 38, Massachusetts

(Address)

PAID BY

Contract No. TM 1606

Date _____

Req. No. _____

Date _____

Invoice Rec'd. _____

Shipped from _____

to _____

Weight _____

Govt. B/L No. _____

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		Inv. Nos. 5142-33 INV. ATTACHED 5143-35 INV. ATTACHED 5187-17 INV. ATTACHED				\$ 25.00 713.68 450.33
TOTAL						\$1,189.01

PAYMENT:

COMPLETE ☐PARTIAL ☐FINAL ☐PROGRESS ☐ADVANCE ☐

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES _____

Amount verified; correct for 1,189.01

(Signature or initials) _____

STAT

† Approved for _____ = \$ _____

By _____

Title _____

Exchange rate _____ = \$1.00

Pursuant to authority vested in me, I certify
this voucher is correct and proper for payment.20 STAT
(Date)

(Contracting

ANY FORM (Officer)

optional)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE ON
ACCOUNTING CLASSIFICATION (Appropriation Symbol)

Paid by

Check No. _____ on Treasurer of the United States

Check No. _____ on _____

(Name of Bank)

Cash, \$ _____, on _____, 19 _____ Payee _____

* When used in foreign countries, insert name of currency in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

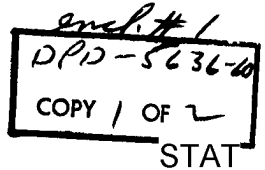
ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER

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WASHINGTON, D. C.

DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO.	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
	TM-1606 CUSTOMER A			5142#-33
SHIP VIA	F.O.B. POINT	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER	
		6/30/60		

QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
			<u>SERVICES FOR JUNE 1960</u>		
			FACILITY MAINTENANCE FEE		✓ 25.00
			0328-0964-3300 (740)		
<u>STATEMENT OF FUNDS</u>			<u>FY59</u>	<u>FY60</u>	<u>TOTAL</u>
Unexpended-Prev. Month			13,284.53	3,039.85	16,324.38
Current Month				25.00	25.00
Balance Unexpended			13,284.53	3,014.85	16,299.38
We certify that the above bill is correct and just; that payment therefor has not been received.					
BAIRD ATOMIC INC.					
STAT					

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

Encl #2
DPD-5636-60

COPY 1 OF 2

YOUR ORDER

YOUR ORDER

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B. PROD/ASSYMAN
C. PROD/TECH/MACH
D. R & E SR. TECH
E. ENGR.

STAT

DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO.	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
	TM-1606 CUSTOMER B			5143-35
SHIP VIA	F.O.B. POINT	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER	
		6/30/60		

QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION		UNIT PRICE	TOTAL
			<u>SERVICES FOR JUNE 1960</u>			
			WORK ORDER NO.	CATEGORY	HOURS WORKED	HOURLY RATE
			60-22	B	65.7	8.30 ✓
			60-21	C	12.0	9.84 ✓
			60-19 & 60-20 Outgoing transportation charges			545.31 ✓
			Facility Maintenance Fee			118.08 ✓
						25.29 ✓
						25.00
			AMOUNT SUBMITTED FOR REIMBURSEMENT		x728-1057-0175(740)	
					713.68	
			<u>STATEMENT OF FUNDS</u>			
				FY 59	FY 60	Total
			Unexpended 5/31/60	1,159.43	6,809.40	7,968.83
			Current Expenses		713.68	713.68
			Balance Unexpended 6/30	1,159.43	6,095.72	7,255.15
			We certify that the above bill is correct and just; that payment therefor has not been received.			
			BAIRD-ATOMIC, INC.			
			By <i>J</i>			

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED

Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9



EMERY AIR FREIGHT CORPORATION

FORWARDER AIRBILL — NON NEGOTIABLE

It is mutually agreed that the goods herein described are accepted in apparent good order (except as noted) for transportation as specified herein, subject to governing rules, classifications and tariffs, in effect as of the date hereof, which are filed in accordance with law. Said rules, classifications and tariffs, copies of which are available for inspection, are hereby incorporated into and made part of this contract.

"Blue Ribbon Service" ☒ PREPAID ☐ COLLECT

DATE 5/24/60

E. A. F. NO. B0S57304

STAT FROM-CONSIGNOR

P.O.Box 232
Cambridge 38, Mass.

THIS IS YOUR FREIGHT BILL. PLEASE INDICATE THE ABOVE E.A.F.

ILLEGIB

TO-CONSIGNEE

Project Dragon Lady WRAMA
Warner Robins A.F. Base, Georgia
Mark for: Warehouse 17 - Storeroom B

ACCOUNT OF

J.O. 5143
alc

DEPT. OR ORDER NO.

STAT \$ Min.

DECLARED VALUE FOR CONSIGNOR, PER

NO. PCS.	DESCRIPTION AND MARKS	WEIGHT	SCALE	CHARGES	VAL. CHG.	TRANS. TAX	TOTAL CHARGES
1	Elec. Equip. 5143 C-1	66# 25.29	29	25.29			25.29
PLEASE RETURN ONE COPY OF THIS INVOICE WITH YOUR REMITTANCE							PLEASE PAY LAST AMOUNT SHOWN IN THIS COLUMN



33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

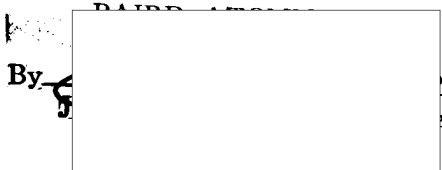
YOUR ORDER

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encl. # 2
DPD-563660
COPY 1 OF STAT

WASHINGTON, D. C.

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606 CUSTOMER C				HOUSE		5187-17	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						6/30/60			
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
			SERVICES FOR JUNE 1960:						
			PURGE UNITS (Materials @ Actual)					70.00 ✓	
			(" @ 12-1/2% G & A)					8.75 ✓	
			Transportation Charges to Whidbey Is.					274.72 ✓	
			" " " Sanford, Fla.					96.86 ✓	
			AMOUNT SUBMITTED FOR REIMBURSEMENT					450.33 ✓	
			X728-1017-0176 (740)						
STATEMENT OF FUNDS		FY 59		FY 60		TOTAL			
Unexpended 5/31/60				980.09		980.09			
Current Expenditures				450.33		450.33			
BALANCE UNEXPENDED				529.76		529.76			
<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>By </p>									
STAT									

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED

Standard Form No. 1034
7 GAO 5030
1034-106**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

Use continuation sheet(s) if necessary

D. O. VOU. NO. _____

BU. VOU. NO. _____

U. S. _____
(Department, bureau, or establishment)Voucher prepared at _____
(Give place and date)

Payee's Account No. _____ Discount Terms _____

TO Baird-Atomic, Inc.
(Payee)Cambridge 38, Massachusetts
(Address)

PAID BY

Contract No. TM 1606 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____
Shipped from _____ to _____ Weight _____ Govt. B/L No. _____

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		Invoice No. 5187-16 5143-32 5143-34				\$ 712.58 575.22 80.49
TOTAL						\$1,368.29

PAYMENT:

COMPLETE ☐
 PARTIAL ☐
 FINAL ☐
 PROGRESS ☐
 ADVANCE ☐

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES _____

Amount verified; correct for _____
(Signature or initials) _____

STAT

† Approved for _____ = \$ _____

By _____

Title _____

Exchange rate _____ = \$1.00

Pursuant to authority vested in me,
this voucher is correct and proper for payment.28 JUN 1960 STAT
(Date)

(Contracting Officer

NT IN ANY FORM

(Signature optional)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE

ACCOUNTING CLASSIFICATION (Appropriation Symbol)

Paid by

Check No. _____ on Treasurer of the United States

Check No. _____ on _____ (Name of Bank)

Cash, \$ _____, on _____, 19 _____ Payee _____

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER

CATEGORY

DPD-4930-60

1 OF 2

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O
A) Production/Assyman @ \$8.30/hr
B) Prod/Tech/Mach. @ \$9.84/hr.

WASHINGTON, D. C.

DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO.	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
	TM-1606 CUSTOMER A			5142-32
SHIP VIA	F.O.B. POINT	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER	
		5/31/60		

QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
WORK ORDER NUMBER		Actual Cost	12-1/2% G & A	HOURS WORKED	HOURLY RATE
60-17816		9.70	1.21	52.4	8.30
60-18481				14.9	8.30
5111-14				12.0	9.84
MATERIALS TOTAL					10.91
FACILITY MAINTENANCE FEE					25.00

AMOUNT SUBMITTED FOR REIMBURSEMENT 0328-0964-3300(079) 712.58

STATEMENT OF FUNDS	FY 59	FY 60	Total
Unexpended 4/30/60	13,284.53	3,752.43	17,036.96
Current Billing	-	712.58	712.58
Balance Unexpended			
End of Current Month	13,284.53	3,039.85	16,324.38

We certify that the above bill is correct and that payment therefor has not been received.

STAT



33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER

 DDP-9931-60
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WASHINGTON, D. C.

 CATEGORY
 A) PROD/ASSYMAN
 B) PROD/TECH/MACH
 C) R & E SR TECH
 D) PROD/CLERICAL

DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO.	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
	TM-1606 CUSTOMER B			5143-34
SHIP VIA	F.O.B. POINT	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER	
		5/31/60		

QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION			UNIT PRICE	TOTAL
WORK ORDER NUMBER		MATERIALS @12-1/2% Actual Cost	G & A	CATEGORY	TOTAL HOURS	HOURLY RATE	
60-20				A	40	8.30 ✓	332.00 ✓
60-20		\$19.12 ✓	2.39 ✓				21.51 ✓
60-19				A	23.7	8.30	196.71 ✓
FACILITY MAINTENANCE FEE							25.00 ✓
AMOUNT SUBMITTED FOR REIMBURSEMENT					X728-1057-0175(079)		575.22 ✓
STATEMENT OF FUNDS		FY 1959	FY 1960	Total			
Unexpended 4/30/60		1,159.43	7,384.62	8,544.05			
Current Billing		-	575.22	575.22			
Amount Unexpended End of Current Month		1,159.43	6,809.40 ✓	7,968.83			

 We certify that the above bill is
 correct and just; that payment therefor
 has not been received.

BAIRD-ATOMIC, INC.

By

STAT



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER

DPD-49326
COPY 1 OF 2

STAT

SOLD TO

SHIP TO

WASHINGTON, D. C.

DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO.	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
	TM-1606 CUSTOMER C	C		5187-16
SHIP VIA	F.O.B. POINT	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER	
		5/31/60		

QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
BILLING SCHEDULE FOR THE PERIOD: MAY 1960					
			Purging Unit, Materials @ Actual Cost		46.12✓
			" @ 12-1/2% G & A		5.77✓
			Outgoing Transportation Charges*		3.60✓
			Facility Maintenance Fee		25.00✓
			AMOUNT SUBMITTED FOR REIMBURSEMENT X728-1017-0176(079)		80.49✓
<hr/>					
STATEMENT OF FUNDS		FY 1959	FY 1960	TOTAL	
Unexpended 4/30/60		-	1,060.58	1,060.58	
Current Billing		-	80.49	80.49	
BALANCE UNEXPENDED					
END OF CURRENT MONTH		-	980.09	980.09✓	
<hr/>					

*Receipts Attached

We certify that the above bill is correct and just; that payment therefor has not been received.
BAIRD-ATOMIC, INC.

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9



YOUR ORDER

SOLD TO

WASHINGTON, D. C.

YOUR ORDER

SHIP TO

encl #2
DPD-4103-60
COPY 1 OF 2 STAT

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606 CUSTOMER A				HOUSE		5142-31	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						4/30/60			

QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION	HOURS	HOURLY RATE	TOTAL
			SERVICES DURING APRIL 1960:			
			PROD/CLERICAL:			
			Quarterly Inventory on B.O.W.	4	6.27 ✓	25.08 ✓
			PROD/ASSEMBLYMAN:			
		60-11619		15	8.30 ✓	124.50 ✓
		60-13264		10	"	83.00 ✓
		60-14322		20	"	166.00 ✓
		60-15786		30.3	"	251.49 ✓
			FACILITY MAINTENANCE FEE			25.00 ✓
			OUTGOING TRANSPORTATION CHARGES (Receipts attached):			
		60-13264				5.77 ✓
		60-14322				24.62 ✓
		60-15786				13.31 ✓
			AMOUNT SUBMITTED FOR REIMBURSEMENT 0328-0964-3300 (07.9)			718.77 ✓

STATEMENT OF FUNDS		FY 1959	FY 1960	Total
Balance Unexpended 3/31	13,284.53	4,471.20	17,755.73	
Current Expenditures		718.77	718.77	
Balance Unexpended EOM	13,284.53	3,752.43	17,036.96	

We certify that the above bill is correct and just; that payment therefor has not been received.

BAIRD-ATOMIC, INC.

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER

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WASHINGTON, D. C.

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encl #3
DPD-9103-60
COPY 1 OF 2 STAT

DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO.	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
	TM-1606 (CUSTOMER B)			5143-33
SHIP VIA	F.O.B. POINT	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER	
		4/30/60		

QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION	HOURS	UNIT PRICE	TOTAL
			SERVICES DURING APRIL 1960:			
			PROD/CLERICAL:			
			Quarterly Inventory BOW	4	6.27 ✓	25.08 ✓
			PROD/ASSYMAN:			
		60-16	Transportation Charges	69.5	8.30 ✓	576.85 ✓
		60-17	Transportation Charges	6.5	8.30	16.89 ✓
			Materials @ Actual			53.95 ✓
			12-1/2% G & A			12.37 ✓
		60-18	Transportation Charges	47.3	8.30	14.98 ✓
		60-19	Transportation Charges	341.13 41	8.30	1.87 ✓
			PROD/TECH/MACH:			392.59 ✓
		60-17	FACILITY MAINTENANCE FEE	16	9.84 ✓	18.13 ✓
			AMOUNT SUBMITTED FOR REIMBURSEMENT X-728-1057-0175 (67.9)			340.30 ✓
						157.44 ✓
						25.00 ✓
						1,635.45 ✓

STATEMENT OF FUNDS		FY 1959	FY 1960	TOTAL
Balance Unexpended	3/31/60	1,159.43	9,020.07	10,179.50
Current Expenditure		-	1,635.45	1,635.45
Balance Unexpended EOM		1,159.43	7,384.62	8,544.05

We certify that the above bill is
correct and just; that payment therefor
has not been received.

BAIRD-ATOMIC, INC.

B:

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 ANALYTICAL & CONTROL INSTRUMENTS

33 niversity Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

TERMS: NET 30 DAYS

YOUR ORDER

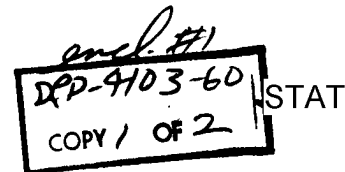
YOUR ORDER

SOLD TO



WASHINGTON, D. C.

SHIP TO



DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO.	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
	TM-1606 (Customer C)			5187-15
SHIP VIA	F.O.B. POINT	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER	
		April 30, 1960		

QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
			SERVICES DURING APRIL:	HOURS	RATE
			ASSEMBLY OF PURGING UNITS:		
			Prod/Assyman	65.7	8.30 ✓ 545.31 ✓
			Prod/Tech/Mach	2.1	9.84 ✓ 20.66 ✓
			Materials @ Actual cost		85.87 ✓
			12-1/2% G & A		10.73 ✓
			Outgoing Transportation Charges		60.14 ✓
			MANUAL FOR PURGING UNITS:		
			Prod/Clerical	16.1	6.27 ✓ 100.95 ✓
			Sr. Tech	1	7.98 ✓ 7.98 ✓
			FACILITY MAINTENANCE FEE		25.00 ✓
			AMOUNT SUBMITTED FOR REIMBURSEMENT X-728-1017-01766079		856.64 ✓
			STATEMENT OF FUNDS	FY 1960	
			Balance Unexpended 3/31/60	1,917.22	
			Current Expenditures	856.64	
			Balance Unexpended EOM	1,060.58	
			We certify that the above bill is correct and just; that payment therefor has not been received.		
					STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSON,

Use continuation sheet(s) if necessary

D. O. YOU. NO.

BU. YOU. NO.

Page 1 of 1

PAID BY

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____ (Give place and date)

Payee's Account No. _____ **Discount Terms** _____

TO Baird-Atomic, Inc.
(Payee)

Cambridge 38, Massachusetts

(Address)

Contract No.	TM-1606	Date	Req. No.	Date	Invoice Rec'd.
Shipped from		to	Weight		Govt. B/L No.

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		Inv. Nos. 5142-30 5143-32 5187-14				\$1,220.17 643.97 5,259.58
			TOTAL			\$7,123.72

PAYMENT:

COMPLETE ☐

PARTIAL ☐

FINAL ☐

PROGRESS ☐

ADVANCE ☐

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES

Amount verified; correct for.
(Signature or initials) _____

† Approved for _____ = \$ _____

By _____

Title _____

Exchange rate _____ = \$1.00

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

STAT

(Date)

Acting Officer

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OF SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM.

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by

Check No. _____ on Treasurer of the United States

Check No. _____ on _____ (Name of Bank)

Cash, \$ _____, on _____, 19____ Payee _____

Per _____

Title _____

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line "Approved for \$ _____", and over his official title.



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

3 University Road, Cambridge 3 Massachusetts

ANALYTICAL & CONTROL INSTRUMENTS

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRD CO Cambridge, Massachusetts, U.S.A.

TERMS: NET 30 DAYS

enc #1
DPD-3078-60
COPY 1 OF 2

YOUR ORDER

YOUR ORDER

SOLD TO

WASHINGTON, D. C.

SHIP TO

CATEGORY

(A) Prod/Tech/Mach @ \$9.84 STAT
(B) Engr @ \$9.81

DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO.	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
	TM-1606 CUSTOMER A			5142-30
SHIP VIA	F.O.B. POINT	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER	
		3/31/60		

QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION		UNIT PRICE	TOTAL
SERVICES FOR MARCH 1960:			HOURS	CATEGORY	HOURLY RATE	
WORK ORDER		60-12804	5	A	9.84 ✓	49.20 ✓
		60-12804	64	B	9.81 ✓	627.84 ✓
		60-5927	50	A	9.84 ✓	492.00 ✓
FACILITY MAINTENANCE FEE						25.00 ✓
TRANSPORTATION CHARGES:						
		60-5927				13.06 ✓
		60-9956				13.07 ✓
AMOUNT SUBMITTED FOR REIMBURSEMENT						1,220.17 ✓
STATEMENT OF FUNDS			FY 1959	FY 1960	TOTAL	
Unexpended 2/29/60			13284.53	5691.37	18975.90	
Expenditures-Current				1220.17 ✓	1220.17	
Amount Unexpended			13284.53	4471.20 ✓	17755.73	
I hereby certify that the above bill is correct and just; that payment therefor has not been received.						
BAIRD-ATOMIC, INC.						
				STAT		
				Controller		
APR 1960						

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

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Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

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Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

3 University Road, Cambridge 3 Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER

CATEGORY

- (A) Prod/Assyman @ \$8.30/hr STAT
(B) Prod/Tech/Mach @ \$9.84/hr.

COPY 1 OF 2

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WASHINGTON, D. C.

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DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO.	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
	TM-1606 (CUSTOMER B)		HOUSE	5143-32
SHIP VIA	F.O.B. POINT	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER	
		3/31/60		

QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
			SERVICES FOR MARCH 1960: CATEGORY HOURS HOURLY RATE		
		WORK ORDER 60-15	B 45	9.84 ✓	442.80 ✓
		60-16	A 16	8.30 ✓	132.80 ✓
		60-14	A 2.5	8.30 ✓	20.75 ✓
		FACILITY MAINTENANCE FEE			25.00 ✓
		TRANSPORTATION CHARGES 60-15			11.31 ✓
		60-14			11.31 ✓
		AMOUNT SUBMITTED FOR REIMBURSEMENT			643.97 ✓

STATEMENT OF FUNDS	FY 1959	FY 1960	Total
Balance 2/29	1159.43	9664.04 ✓	10,823.47
Expended-Current		643.97 ✓	643.97
Balance Unexpended	1159.43	9020.07 ✓	10,179.50

I hereby certify that the above bill is correct
and just; that payment therefor has not been received.

BAIRD-ATOMIC, INC.

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EMERY AIR FREIGHT CORPORATION

FORWARDER AIRBILL — NON NEGOTIABLE

It is mutually agreed that the goods herein described are accepted in apparent good order (except as noted) for transportation as specified herein, subject to governing rules, classifications and tariffs, in effect as of the date hereof, which are filed in accordance with law. Said rules, classifications and tariffs, copies of which are available for inspection, are hereby incorporated into and made part of this contract.

"Blue Ribbon Service" ☒ PREPAID ☐ COLLECT

DATE 3/25/60 INVOICE NO. 01-52550

FROM-CONSIGNOR

P.O. BOX 232
CAMBRIDGE, MASS.

TO-CONSIGNEE

PROJECT DRAGON LADY
WRAMA
ROBINS AIR FORCE BASE, GEORGIA

TO INSURE PROPER CREDIT PLEASE SHOW INVOICE
WITH YOUR REMITTANCE OR RETURN ONE COPY
WITH YOUR REMITTANCE TO
EMERY AIR FREIGHT CORP.
239 East 26th Street NEW YORK 16, N.Y.

SCRANTON, PA.

DEPT. ORDER NO. 0-1-23467 ORDERED BY

NO. PCS.	DESCRIPTION AND MARKS	DECLARED VAL.	WEIGHT	SCALE	CHARGES	VAL. CHG.	TOTAL CHARGES
1	CTN ELECT EQUIP.	MIN	47	29	22.62		22.62

THIS IS YOUR FREIGHT BILL. NO OTHER INVOICE WILL BE RENDERED.
GOVERNMENT REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS.

PLEASE PAY LAST
AMOUNT SHOWN
IN THIS COLUMN



3 University Road, Cambridge 3 Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

DPO-3078-60

COPY 1 OF 2

STAT

YOUR ORDER

YOUR ORDER

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WASHINGTON, D. C.

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(A) Prod/Assyman @ \$8.30/hr.

(B) R & E Sr. Tech @ \$7.98/hr.

DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO.	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
	TM-1606 CUSTOMER C			5187-14
SHIP VIA	F.O.B. POINT	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER	
		3/31/60		

QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
SERVICES FOR MARCH 1960:			<u>CATEGORY</u> <u>HOURS</u>	<u>HOURLY RATE</u>	
<u>PURGE UNITS:</u>			A 95.3	8.30 ✓	790.99 ✓
			B 27	7.98 ✓	215.46 ✓
MATERIALS - actual cost @ 12-1/2% G & A					3,758.34 ✓
					469.79 ✓
FACILITY MAINTENANCE FEE					25.00 ✓
AMOUNT SUBMITTED FOR REIMBURSEMENT					5,259.58 ✓

STATEMENT OF FUNDS FY 1960

Balance Unexpended 2/29	126.80 ✓
Additional Funding	7,050.00 ✓
Expenditures Current Month	5,259.58 ✓
Balance Unexpended 3/31	1,917.22 ✓

I hereby certify that the above bill is correct
and just; that payment therefor has not been received.

BAIRD-ATOMIC, INC.,

STAT

Standard Form No. 1034—Revised
Form prescribed by
Comptroller General, U. S.
October 21, 1957
7 GAO 5030

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

Use continuation sheet(s) if necessary

D. O. VOU. NO. _____

BU. VOU. NO. _____

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

Payee's Account No. _____ Discount Terms _____

TO _____
(Payee)

Baird-Atomic, Inc.**Cambridge 38, Massachusetts**

(Address)

PAID BY

Contract No. **TM 1606** Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____
Shipped from _____ to _____ Weight _____ Govt. B/L No. _____

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT	
				Cost	Per		
		Invoice No. 5142-29 5143-31 5187-13				\$50. 149. 1,996.	37 50 44
TOTAL						\$2,196.	31

PAYMENT:

COMPLETE ☐
PARTIAL ☐
FINAL ☐
PROGRESS ☐
ADVANCE ☐

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES _____

Amount verified; correct for **\$2,196.31**
(Signature or initials) _____ STAT

† Approved for _____ = \$ _____

By _____

Title _____

Exchange rate _____ = \$1.00

Pursuant to authority vested in me, I certify that
this _____

STAT
17 Mar 60
(Date)

(Contracting Officer)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by

Check No. _____ dated _____, 19 _____ for \$ _____ on Treasurer of the United States
in favor of payee named above.
Check No. _____ dated _____, 19 _____ for _____ on _____ (Amount) _____ (Name of bank)
Cash, \$ _____, on _____, 19 _____ Payee _____

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____
Title _____

ANALYTICAL & CONTROL
INSTRUMENTS

3 University Road, Cambridge 3 Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

TERMS: NET 30 DAYS

YOUR ORDER


YOUR ORDER

SOLD TO

WASHINGTON, D. C.

SHIP
TO

ENC STAT
DPD 2176-60
COPY 1 OF 2

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606		CUSTOMER A				5142-29	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						2/29/60			
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION					UNIT PRICE	TOTAL
			<p>SERVICES FOR FEBRUARY 1960 PER ATTACHED SCHEDULE OF BILLING</p> <p>AMOUNT SUBMITTED FOR REIMBURSEMENT</p> <p>0328-0964-3300(07.9)</p> <p>I hereby certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p> Controller</p>						50.37 ✓
									<p>MAR 15 10 23 AM '60</p> <p>STA</p>

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

* Receipt attached

BAIRD-ATOMIC, INC.									
INVOICE DATE	INVOICE NO.	CONTRACT	CUSTOMER			BILLING SCHEDULE FOR THE PERIOD			
2/29/60	5142-29	TM-1606	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	FEBRUARY 1960			
WORK ORDER NUMBER	-----LABOR-----					---MATERIALS---		FACILITY	OUTGOING
	Prod/ Clerical	Prod/ Assyman	Prod/ Tech/Mach	R & E Sr Tech	Engr	Actual Cost	12-1/2% G & A	MAINTENANCE FEE	TRANSPOR- TATION CHARGES
60-9357	\$6.27	\$8.30	\$9.84	\$7.98	\$9.81				25.37 *

OTHER

25.00

TOTAL HOURS									
TOTAL AMOUNT								25.00	25.37

STATEMENT OF FUNDS

	7/1/58- 6/30/59	7/1/59- 6/30/60	TOTAL AMOUNT
Balance of Unexpended End of Previous Month	13,284.53	5,741.74	19,026.27
Expenditures--Current Month-- Submitted for Reimbursement		50.37	50.37
Additional Funding			
Balance Unexpended End of Current Month	13,284.53	5,691.37	18,975.90



University Road, Cambridge 3 Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER

YOUR ORDER

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COPY 1 OF 2

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER		
		TM-1606		CUSTOMER B				5143-31		
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER		
						2/29/60				
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL		
			SERVICES FOR FEBRUARY 1960 PER ATTACHED BILLING SCHEDULE AMOUNT SUBMITTED FOR REIMBURSEMENT <i>X-728-1057-0175 (07.9)</i>					149.50		
and just;			I hereby certify that the above bill is correct that payment therefor has not been received. BAIRD-ATOMIC, INC. <div style="border: 1px solid black; width: 200px; height: 30px; margin: 5px 0;"></div> Controller							STAT

MAR 15 10 23 AM '60

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

BAIRD-ATOMIC, INC.

INVOICE DATE		INVOICE NO.		CONTRACT		CUSTOMER		BILLING SCHEDULE FOR THE PERIOD				
2/29/60		5143-31		TM-1606		<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	FEBRUARY 1960			
WORK ORDER NUMBER	-----LABOR-----					---MATERIALS---		FACILITY		OUTGOING TRANSPOR- TATION CHARGES		
	Prod/ Clerical	Prod/ Assyman	Prod/ Tech/Mach	R & E Sr Tech	Engr	Actual	12-1/2% G & A	MAINTENANCE FEE				
	\$6.27	\$8.30	\$9.84	\$7.98	\$9.81	Cost						
60-14		15										

OTHER

25.00

TOTAL HOURS	15	
TOTAL AMOUNT	\$124.50	\$25.00

STATEMENT OF FUNDS

	7/1/58- 6/30/59	7/1/59- 6/30/60	TOTAL AMOUNT
Balance of Unexpended End of Previous Month	1,159.43	9,813.54	10,972.97
Expenditures--Current Month-- Submitted for Reimbursement		149.50	149.50
Additional Funding			
Balance Unexpended End of Current Month	1,159.43	9,664.04	10,823.47



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

3 University Road, Cambridge 3 Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS

TERMS: NET 30 DAYS

ENCL # 3
DPD 217-60
COPY 1 OF 2

YOUR ORDER

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DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606		CUSTOMER C				5187-13	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						2/29/60			
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
			SERVICES FOR FEBRUARY 1960 PER ATTACHED SCHEDULE OF BILLING						
			AMOUNT SUBMITTED FOR REIMBURSEMENT					1,996.44	
			X-728-1017-0176(079)						
I hereby certify that the above bill is correct and just; that payment therefor has not been received.									
BAIRD-ATOMIC, INC.									

STAT

MAR 15 10 23 AM '60

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

MAR 15

Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

★ Receipts attached.

BAIRD-ATOMIC, INC.

INVOICE DATE	INVOICE NO.	CONTRACT	CUSTOMER		BILLING SCHEDULE FOR THE PERIOD				
2/29/60	5187-13	TM-1606	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	FEBRUARY 1960			
-----LABOR-----						-----MATERIALS-----		FACILITY	OUTGOING
WORK ORDER NUMBER	Prod/ Clerical	Prod/ Assyman	Prod/ Tech/Mach	R & E Sr Tech	Engr	Actual Cost	12-1/2% G & A	MAINTENANCE FEE	TRANSPORTATION CHARGES
	\$6.27	\$8.30	\$9.84	\$7.98	\$9.81				
Purge Units				24		1,055.25	131.91	✓	
Spare Parts for Whidbey Is.						505.23	63.15	✓	14.55*
Spare parts for Sanford, Fla. (not chgd in Jan. '60)									9.83*

OTHER

25.00 ✓

TOTAL HOURS	24				
TOTAL AMOUNT	191.52	1,560.48	195.06	25.00	24.38

STATEMENT OF FUNDS

	7/1/58-6/30/59	7/1/59-6/30/60	TOTAL AMOUNT
Balance of Unexpended End of Previous Month		2,123.24	2,123.24
Expenditures--Current Month-- Submitted for Reimbursement		1,996.44	1,996.44
Additional Funding			
Balance Unexpended End of Current Month		126.80	126.80

Form No. 1034—Revised
 Form prescribed by
 Comptroller General, U. S.
 September 7, 1950
 No. 61, Supp. No. 11)
 dated February 20, 1952)

PUBLIC VOUCHER FOR PURCHASE AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

Page 1 of 1

U. S. _____
 (Department, bureau, or establishment)

Voucher prepared at _____
 (Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To **Baird-Atomic, Inc.**
 (Payee)

Cambridge 38, Massachusetts

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Invoice No.					
		5187-12				\$864	60
		5143-30				57	60
		5142-28				68	15
Use continuation sheet(s) if necessary							
PAYMENT:							
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total **\$990 35**

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Differences _____

Date _____ *Payee _____
 (This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for **\$990.35**

(Signature or initials) _____

STAT

Per _____ Title _____
 Contract No. **TM 1606** Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment

† Approved for \$ _____

By _____

**SIGN
 ORIGINAL
 ONLY**

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$_____
 { on Treasurer of the United States in
 { Cash, \$_____, on _____, 19____. Payee _____
 { favor of payee named above.
 (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
 † If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$_____", and over his official title.

Per _____
 Title _____

16-22900-5

**Baird
Atomic****3 University Road, Cambridge 3, Massachusetts**

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL
INSTRUMENTS**TERMS: NET 30 DAYS**

YOUR ORDER

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DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606		CUSTOMER C				5187-12	
SHIP VIA				F.O.B. POINT		DATE SHIPPED/INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						1/31/60			
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
			SERVICES DURING MONTH OF JANUARY PER ATTACHED BILLING SCHEDULE. AMOUNT SUBMITTED FOR REIMBURSEMENT <i>X-728-1017-0176 (07.9)</i> I HEREBY CERTIFY THAT THE ABOVE BILL IS CORRECT AND JUST; THAT PAYMENT THEREFOR HAS NOT BEEN RECEIVED. BAIRD-ATOMIC, INC. <div style="border: 1px solid black; width: 200px; height: 50px; margin: 10px auto;"></div>					864.60	
									STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Standard Form No. 1034—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To **Baird-Atomic, Inc.**
(Payee)
Cambridge 38, Massachusetts
(Address) (City) (State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Invoice No.					
		5142-27				\$ 28	51
		5143-29				144	42
		5187-11				1,423	60
Use continuation sheet(s) if necessary							
Total						\$1,596.53	

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

(Payee must NOT use this space)

Differences _____

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for

(Signature or initials) **H.E.B.**

Per _____ Title _____
Contract No. **11606** Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment

† Approved for \$ _____

By _____

**SIGN
ORIGINAL
ONLY**

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
Cash, \$ _____, on _____, 19____. Payee _____ } favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____
Title _____



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 AL & CONTROL INSTRUMENTS

Cambridge 38, Mass.

Telephone UNiversity 4-7420
Cable: BAIRDCO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER:

YOUR ORDER:

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JUN 1, 1959
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TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO. TM-1606	DATE ORDER RECEIVED CUSTOMER C	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER 5187-11
--	-----------------------------------	-------------------------	----------	---------------------------

SHIPPING INSTRUCTIONS

RAIL. <input type="checkbox"/> TRUCK <input type="checkbox"/> PARCEL <input type="checkbox"/> POST <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE December 31, 1959	CARRIER'S RECEIPT NUMBER
---	--	--------------------------

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR DECEMBER 1959 PER ATTACHED SCHEDULE OF BILLING:			
			AMOUNT SUBMITTED FOR REIMBURSEMENT	X-728-1017-0176(079)		1,423.60 ✓
			I certify that the above bill is correct and just; that payment therefor has not been received.			
			BAIRD-ATOMIC, INC.			
			ler			

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Page 1 of 1

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To Braid-Atomic, Inc.
(Payee)

Cambridge 38, Mass.
(Address) (City) (State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms Invoice No.	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		5142-26				\$ 25	00
		5143-28				948	11
		5187-10				343	63

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$1,316 74

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Differences _____

Date _____ *Payee
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for
(Signature or initials) *STEB*

\$1,316 74

Per _____ Title _____
Contract No. TM-1606 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment

† Approved for \$ _____

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$_____
Cash, \$_____, on _____, 19____. Payee _____
on Treasurer of the United States in favor of payee named above.

(Sign original only)

Per _____

Title _____

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$_____", and over his official title.

Trinity Home, Inc.

Cambridge 38, Mass.

99-9 ANAL & CONTROL INSTRUMENTS

Telephone UNiversity 4-7420

Cable: BAIRDCO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER: **TM-1606**

YOUR ORDER:

STAT

SOLD TO

WASHINGTON, D. C.

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TO

Dp2-8527-59
COPY 1 OF 2

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.

DATE ORDER RECEIVED

SCHEDULED SHIPPING DATE**SALESMAN****INVOICE NUMBER**

TM-1606

CUSTOMER A

5142-26

SHIPPING INSTRUCTIONS

RAIL. ☐ TRUCK ☐ PARCEL ☐ PREPAID ☐ COLLECT ☐
EXP. ☐ POST ☐

NOVEMBER 30, 1959

CARRIER'S RECEIPT NUMBER

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION			STORES NUMBER	UNIT PRICE	TOTAL
			BILLING FOR THE PERIOD NOVEMBER 1959:					
			FACILITY MAINTENANCE FEE					
			<u>7/1/58- 6/30/59</u>	<u>7/1/59- 6/30/60</u>	<u>TOTAL AMOUNT</u>			
UNEXPENDED			13,284.53	5,863.40	19,147.93			
CURRENT EXP.			-	25.00	25.00			
BALANCE			13,284.53	5,838.40	19,122.93			

I certify that the above bill is correct and just;
that payment therefor has not been received.

BAIRD-ATOMIC, INC.

STAT

Dec 12 1 02 PM '59

Cambridge 38, Mass.

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INSTRUMENTAL & CONTROL
INSTRUMENTS

Telephone UNiversity 4-7420

Cable: BAIRDCO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER: **TM-1606**

YOUR ORDER:

SOLD TO

SHIP TO

STAT

WASHINGTON, D. C.

202-8529-59
COPY 1 OF 2

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.

DATE ORDER RECEIVED

SCHEDULED SHIPPING DATE**SALESMAN****INVOICE NUMBER****TM-1606**

CUSTOMER B

INVOICE NUMBER
5143-28

SHIPPING INSTRUCTIONS

RAIL. ☐ TRUCK ☐ PARCEL ☐ PREPAID ☐ COLLECT ☐
EXP. ☐ POST ☐

NOVEMBER 30, 1959

CARRIER'S RECEIPT NUMBER

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			<p>SERVICES FOR NOVEMBER 1959:</p> <p>Per attached billing schedule, amount submitted for reimbursement</p> <p>I certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <div style="border: 1px solid black; height: 100px; width: 400px; margin-top: 10px;"></div>	X-728-1051-0175 (079)		<p>948.11</p> <p>STAT</p>

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Standard Form No. 1634—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

1 **LIC VOUCHER FOR PURCHASES AND** **SERVICES OTHER THAN PERSONAL**

D. O. Vou. No. _____

Bu. Vou. No. _____

U. S. _____

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To Baird-Atomic, Inc.

(Payee)

Cambridge 38, Massachusetts

(Address)

(City)

(State)

Page 1 of 1

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	Inv. No.	QUANTITY	UNIT PRICE		AMOUNT	
					Cost	Per	Dollars	Cts.
			5142-25				61.94	
			5143-27				284.28	
			5187-8				3,464.82	
			5187-9				1,953.67	
PAYMENT:		Use continuation sheet(s) if necessary						
Complete <input type="checkbox"/>								
Partial <input type="checkbox"/>								
Final <input type="checkbox"/>								

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$5,764.71

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

(Payee must NOT use this space)

Differences _____

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)Amount verified; correct for \$5,764.71

(Signature or initials) _____

Per _____

Title _____

Contract No. TM 1606 Date _____ Req. No. _____ Date _____ Invo _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment

† Approved for \$ _____

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
 { Cash, \$ _____, on _____, 19____. Payee _____ } favor of payee named above.
 (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
 † If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 AL & CONTROL INSTRUMENTS

Baird Atomic, Inc.

Cambridge 38, Mass.

Telephone UNiversity 4-7420

Cable: BAIRDCO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER:

YOUR ORDER:

STAT

SOLD TO

WASHINGTON, D. C.

SHIP TO

948-7633-59
COPY 1 OF 2

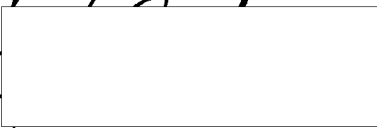
TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
TM-1606	CUSTOMER C			5187,8

SHIPPING INSTRUCTIONS

RAIL. <input type="checkbox"/> EXP. <input type="checkbox"/>	TRUCK <input type="checkbox"/>	PARCEL POST <input type="checkbox"/>	PREPAID <input type="checkbox"/>	COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE 11/2/59 FOR MONTH--- 9/30/59	CARRIER'S RECEIPT NUMBER
--	--------------------------------	--------------------------------------	----------------------------------	----------------------------------	--	--------------------------

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR SEPTEMBER 1959: PER ADDITIONAL FUNDING UNDER AMENDMENT #12. AMOUNT SUBMITTED FOR REIMBURSEMENT X-728-1017-0176 (07.9)			3,464.82
I HEREBY CERTIFY THAT THE ABOVE BILL IS CORRECT AND JUST; THAT PAYMENT THEREFOR HAS NOT BEEN RECEIVED. BAIRD-ATOMIC, INC. BY:  CONTROLLER						
NOV 5 4 28 PM '59						

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.



Dutton Home, Inc.

Cambridge 38, Mass.

700040039-9
ANALYTICAL & CONTROL
INSTRUMENTS

Telephone UNiversity 4-7420

Cable: BAIRDCO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER:

YOUR ORDER:

STAT

SOLD TO

STATION

WASHINGTON, D. C.

encl. #3
DDO-7866-59
COPY / OF /

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.

DATE ORDER RECEIVED

SCHEDULED SHIPPING DATE

SALESMAN

INVOICE NUMBER

TM-1606

CUSTOMER C

5187-9

SHIPPING INSTRUCTIONS

RAIL. ☐ TRUCK ☐

PARCEL ☐ PREPAID ☐ COLLECT ☐
POST

DATE SHIPPED/INVOICE DATE

CARRIER'S RECEIPT NUMBER

10/31/59

QUANTITY
DUE

**BACK
ORDERED**

**SHIPPED
TODAY**

DESCRIPTION

**STORES
NUMBER**

UNIT PRICE

TOTAL

SERVICES FOR OCTOBER 1959:

Per attached billing schedule

Amount submitted for reimbursement

1,953.67

X-728-1017-0176 (079)

I certify that the above bill is correct and just;
that payment therefor has not been received.

BAIRD-ATOMIC, INC.

STAT

Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

Standard Form No. 1034—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1960
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1962)

PIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

Page 1 of 1

U. S. _____

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

Baird-Atomic, Inc.

(Payee)

Cambridge 38, Massachusetts

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Inv. No.					
		5142-24				39.	82
		5142-23					60
		5143-25				654.	16
		5143-24				75.	25
		5187-6				3,341.	62
		5187-7				35.	50

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total **\$4,146.95**

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

(Payee must NOT use this space)

Differences _____

Date _____ *Payee _____

(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____

(Signature or initials) _____

Per _____

Title _____

Contract No. **TL-1606**

Date _____

Req. No. _____

Date _____

Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment

† Approved for \$ _____

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$_____. } on Treasurer of the United States in
Cash, \$_____, on _____, 19____. Payee _____ } favor of payee named above.

(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$_____", and over his official title.

Per _____

Title _____

STAT



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 AL & CONTROL INSTRUMENTS

Cambridge 38, Mass.

Telephone UNiversity 4-7420

Cable: BAIRD CO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER:

WASHINGTON, D. C.

YOUR ORDER:

STAT 7
Encl #6
44-6169-59
COPY 1 OF 2


TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO. TM-1606	DATE ORDER RECEIVED CUSTOMER B	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER 5143-25
---	--	-------------------------	----------	----------------------------------

SHIPPING INSTRUCTIONS

RAIL. <input type="checkbox"/> TRUCK <input type="checkbox"/> PARCEL POST <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE 8/31/59	CARRIER'S RECEIPT NUMBER
--	---	--------------------------

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR AUGUST 1959 PER ATTACHED BILLING SCHEDULE. SUBMITTED FOR REIMBURSEMENT			
			I hereby certify that the above bill is correct and just; that payment therefor has not been received. BY:  CONTROLLER BAIRD-ATOMIC, INC.	X-728-1057-0175(074)		654.16

SEP 14 3 26 PM '59

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 AL & CONTROL INSTRUMENTS

Dan & Tom, Inc.

Cambridge 38, Mass.

Telephone UNIVERSITY 4-7420

Cable: BAIRDCO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER:

YOUR ORDER:

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WASHINGTON, D.C.

Encl #5
6/69-59
COPY 1 OF 2

STAT

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
TM-1606	CUSTOMER B			5143-24

SHIPPING INSTRUCTIONS

RAIL. EXP.	TRUCK	PARCEL POST	PREPAID	COLLECT	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8/31/59	

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			ADJUSTMENT TO JULY RATES CHARGED PER AMENDMENT NO. 10:	Hours	Rates	
			Prod/Assyman	23-1/2	6.50 ✓	(152.75) ✓
			Prod/Tech/Mach	54-1/4	9.24 ✓	(501.27) ✓
			New Rates:			
			Prod/Assyman	23-1/2	8.30 ✓	195.05 ✓
			Prod/Tech/Mach	54-1/4	9.84 ✓	533.82 ✓
			Materials @ 10% G & A			(1.59) ✓
			Materials @ 12-1/2% G & A			1.99 ✓
			Amount Submitted for Reimbursement	X-728-1057-0175(079)		\$ 75.25 ✓
			I hereby certify that the above bill is correct and just; that payment therefor has not been received.			
			BAIRD-ATOMIC, INC.			
			BY:			

Contract amending contract to allow G & A on materials @ 12 1/2 % to coincide with 12 1/2 % allowed on Baird 47-22 591. Mats. Voucher will be presented retroactive to 1 July 1959 at 12 1/2 %.

65, No 0

STAT



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 AL & CONTROL INSTRUMENTS

Baird Atomic, Inc.

Cambridge 38, Mass.

Telephone UNiversity 4-7420

Cable: BAIRD CO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

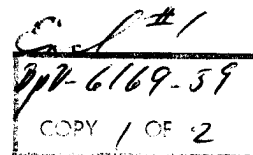
YOUR ORDER:

YOUR ORDER:

SOLD TO

SHIP TO

STAT



WASHINGTON, D. C.

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
TM-1606	CUSTOMER C			5187-6

SHIPPING INSTRUCTIONS

RAIL. <input type="checkbox"/> TRUCK <input type="checkbox"/> PARCEL POST <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER
	8/31/59	

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR AUGUST 1959 per attached billing schedule. Amount submitted	X-0176-10-000(07.9)		3,341.62
I hereby certify that the above bill is correct and just; that payment therefor has not been received.						
BAIRD-ATOMIC, INC.						
BY:						

STAT

SELLER REPRESENTS THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT OF THE QUANTITY AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE. FULLY COMPLETED IN SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 AL & CONTROL INSTRUMENTS

Baird Atomic, Inc.

Cambridge 38, Mass.

Telephone University 4-7420
Cable: BAIRD CO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER:

YOUR ORDER:

STAT

SOLD TO

WASHINGTON, D. C.

SHIP TO

Encl #2
218-6169-59
COPY 1 OF 2

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
TM-1606	CUSTOMER C			5187-7

SHIPPING INSTRUCTIONS

RAIL. EXP. <input type="checkbox"/>	TRUCK <input type="checkbox"/>	PARCEL POST <input type="checkbox"/>	PREPAID <input type="checkbox"/>	COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER
					8/31/59	

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			ADJUSTED RATES FOR JULY 1959 PER AMENDMENT NO. 10.			
				Hours	Rate	
			Prod/Tech/Mach	17-1/2	9.24 ✓	(161.70) ✓
			Prod/Tech/Mach NEW RATES	17-1/2	9.84 ✓	172.20 ✓
			** FACILITY MAINTENANCE FEE to be covered by Amendment No. 11 per J. Price 8 9/9/59.			25.00 ✓
			AMOUNT SUBMITTED FOR REIMBURSEMENT		X 0176.10.000 (07.9)	35.50 ✓
			I hereby certify that the above bill is correct and just that payment therefor has not been received.			
			BAIRD-ATOMIC, INC.			
			Controller			
			STATEMENT OF FUND			
			Balance Unexpended 5187-6	7/1/59- 6/30/59	TOTAL AMOUNT	
			Expenditures submitted	59.06	59.06	
				35.50	35.50	
			Balance Unexpended End of Current Month	23.56	23.56	

65. Wd 52 E 11 35S

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Standard Form No. 1034—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

3LIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

Page 1 of 1

PAID BY

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To Baird Atomic, Inc.
(Payee)

Cambridge 38, Massachusetts

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Invoice No. 5143-23 5142-22 5187-5				733 34 161	24 24 70
Use continuation sheet(s) if necessary						Total	929 18

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

(Payee must NOT use this space)

Differences _____

Amount verified; correct for
(Signature or initials) *HEP*

* 929 18

Per _____ Title _____
Contract No. **TM-1606** Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for

† Approved for \$ _____

By _____

Title _____

SIGN
ORIGINAL
ONLY

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
Cash, \$ _____, on _____, 19____ Payee _____ } favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____
Title _____

Standard Form No. 1084—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

BLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

Page 1 of 1

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To Baird-Atomic, Inc.
(Payee)

Cambridge 38, Massachusetts

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms Invoice No.	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		5142-21				116	90
		5143-22				1,269	00
		5187-4				285	61
PAYMENT:		Use continuation sheet(s) if necessary					
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total **1,671 51**

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____

Contract No. **DA-1606** Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

By _____

**SIGN
ORIGINAL
ONLY**

Title _____
(Contracting Officer)

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in favor of payee named above.
{ Cash, \$ _____, on _____, 19____, Payee _____ }
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____
Title _____



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

Baird Atomic, Inc.

Cambridge 38, Mass.

INSTRUMENTS

Telephone UNiversity 4-7420

Cable: BAIRD CO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER:

YOUR ORDER:

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WASHINGTON, D. C.

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DPD-4830 ST

COPY 1 OF 2

ENCL # 2

STAT

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO

TM-1606

DATE ORDER RECEIVED

CUSTOMER B

SCHEDULED SHIPPING DATE

SALESMAN

INVOICE NUMBER

5143-22

SHIPPING INSTRUCTIONS

RAIL. ☐ TRUCK ☐

PARCEL ☐ POST ☐ PREPAID ☐ COLLECT ☐

DATE SHIPPED/INVOICE DATE

6/30/59

CARRIER'S RECEIPT NUMBER

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR THE MONTH OF JUNE 1959:			
			Per billing schedule attached amount submitted for reimbursement			1,269.00
I HEREBY CERTIFY THAT THE ABOVE BILL IS CORRECT AND JUST; THAT PAYMENT THEREFOR HAS NOT BEEN RECEIVED.						
BAIRD-ATOMIC, INC.						

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Standard Form No. 1084—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No.

Bu. Vou. No.

Page 1 of 1

PAID BY

U. S.
(Department, bureau, or establishment)Voucher prepared at
(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To
(Payee)

Cambridge 38, Massachusetts

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Invoice No. 5142-20 5143-21 5187-3				51 1,898 470	86 36 39
Use continuation sheet(s) if necessary						Total	2,420 61

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from

to

Weight

Government B/L No.

Total

2,420 61

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

(Payee must NOT use this space)

Differences

Date *Payee

(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for
(Signature or initials)

STAT

Per

Title

Contract No. TM-1606

Date

Req. No.

Date

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment

† Approved for \$

By

SIGN
ORIGINAL
ONLY

Title

Date

Title

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. dated, 19...., for \$ } on Treasurer of the United States in
{ Cash, \$, on, 19.... } favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$", and his official title

Per

Title

Standard Form No. 1034—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 81, Supp. No. 11)
(Amended February 20, 1952)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

Page 1 of 1

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To Bairst-Atomic, Inc.
(Payee)

Cambridge 38, Massachusetts

(Address)

(City)

(State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Invoice No. 5142-19 5143-20 5187-2				86 661 1,840	05 73 45
PAYMENT:		Use continuation sheet(s) if necessary					
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 2,588 23

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

(Payee must NOT use this space)

Differences _____

Amount verified; correct for _____

(Signature or initials) _____

Per _____ Title _____
Contract No. TM-1606 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment

† Approved for \$ _____

By _____

**SIGN
ORIGINAL
ONLY**

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
Cash, \$ _____, on _____, 19____. Payee _____ favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 L & CONTROL

Baird Atomic, Inc.

INSTRUMENTS

Cambridge 38, Mass.

Telephone UNiversity 4-7420

Cable: BAIRD CO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER:

YOUR ORDER:

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WASHINGTON, D. C.

77-3199-59 STAT
COPY 1 OF 2

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
TM-1606	CUSTOMER C			5187-2

SHIPPING INSTRUCTIONS

RAIL. EXP. <input type="checkbox"/>	TRUCK <input type="checkbox"/>	PARCEL POST <input type="checkbox"/>	PREPAID <input type="checkbox"/>	COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER
					4/30/59	

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR PERIOD 4/1-4/30/59: per attached billing schedule			\$1,840.45
I hereby certify that the above bill is correct and just that payment therefor has not been received.						
BAIRD-ATOMIC, INC.						
X-0176-10-000 (07.9)						
MAY 11 3 12 PM '59						

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Standard Form No. 1034—Revised

Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

D. O. Vou. No.

Bu. Vou. No.

Page 1 of 1

PAID BY

U. S.
(Department, bureau, or establishment)

Voucher prepared at
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No.

To **Baird-Atomic, Inc.**
(Payee)
Cambridge 38, Massachusetts
(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Invoice No. 5142-18 5143-19 5187-1 5187-Memo				88 734 1,841 ---	38 76 17
PAYMENT:		Use continuation sheet(s) if necessary					
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							

Shipped from to Weight Government B/L No. Total 2,664 31

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Differences

Date *Payee
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for

(Signature or initials)

Per Title

Contract No. **TM-1606** Date Req. No. Date Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment

† Approved for \$

By Title

**SIGN
ORIGINAL
ONLY**

Title Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. dated 19 .., for \$ } on Treasurer of the United States in
{ Cash, \$ on 19 .. } Payee favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$", and over his official title.

Per Title

STAT



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 .L & CONTROL
INSTRUMENTS

Cambridge 38, Mass.

Telephone University 4-7420

Cable: BAIRD CO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER:

YOUR ORDER:

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WASHINGTON, D. C.

Encl #2 STAT
377-2479-59
COPY 1 OF 2

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
TM-1606	CUSTOMER B			5143-19

SHIPPING INSTRUCTIONS

RAIL. <input type="checkbox"/> TRUCK <input type="checkbox"/> PARCEL <input type="checkbox"/> POST <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER
	March 31, 1959	

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR MARCH 1959 PER ATTACHED BILLING SCHEDULE: Amount submitted for reimbursement			\$734.76
			I HEREBY CERTIFY THAT THE ABOVE BILL IS CORRECT AND JUST; THAT PAYMENT THEREFOR HAS NOT BEEN RECEIVED. BAIRD-ATOMIC, INC. [Redacted] CONTROLLER X-0175-10-000 (079)			STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 L & CONTROL INSTRUMENTS

Cambridge 38, Mass.

Telephone UNIVERSITY 4-7420
Cable: BAIRD CO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER:

YOUR ORDER:

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WASHINGTON, D. C.

Encl #3
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977-2499-59
COPY 1 OF 2

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO. TN-1606	DATE ORDER RECEIVED CUSTOMER C	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER 5187-1
---	--	-------------------------	----------	---------------------------------

SHIPPING INSTRUCTIONS

RAIL. ☐ TRUCK ☐ PARCEL ☐ POST ☐ PREPAID ☐ COLLECT ☐

DATE SHIPPED/INVOICE DATE

March 31, 1959

CARRIER'S RECEIPT NUMBER

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR MARCH 1959: Per schedule attached, amount submitted for reimbursement			\$1,841.17
			I HEREBY CERTIFY THAT THE ABOVE BILL IS CORRECT AND JUST; THAT PAYMENT THEREFOR HAS NOT BEEN RECEIVED. BAIRD-ATOMIC, INC. <i>X-0176-10</i>			

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

D. O. Vou. No. _____

Bu. Vou. No. _____

Page 1 of 1

PAID BY

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To Baird-Atomic, Inc.
(Payee)

Cambridge 38, Massachusetts

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Invoice No. 5142-17 5143-18				784 1,001	89 93
Use continuation sheet(s) if necessary							

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 1,786 82

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

(Payee must NOT use this space)

Differences _____

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____
(Signature or initials)

1,786 82

Per _____ Title _____
Contract No. TM-1606 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment

† Approved for \$ _____

By _____

SIGN
ORIGINAL
ONLY

Title _____

(Contracting officer)

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
Cash, \$ _____, on _____, 19____ Payee _____ favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

Baird Atomic, Inc.

Cambridge 38, Mass.

AL & CONTROL
INSTRUMENTS

Telephone UNIVERSITY 4-7420
Cable: BAIRD CO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

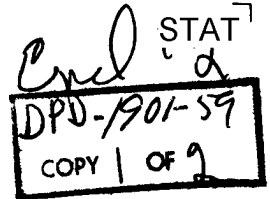
YOUR ORDER:

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WASHINGTON, D. C.

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TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
TM-1606	CUSTOMER B			5143-18

SHIPPING INSTRUCTIONS

RAIL. EXP. <input type="checkbox"/>	TRUCK <input type="checkbox"/>	PARCEL POST <input type="checkbox"/>	PREPAID <input type="checkbox"/>	COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER
					2/28/59	

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR FEBRUARY 1959 Per attached schedule AMOUNT SUBMITTED FOR REIMBURSEMENT			<u>\$1,001.93</u>
			I HEREBY CERTIFY THAT THE ABOVE BILL IS CORRECT AND JUST; THAT PAYMENT THEREFOR HAS NOT BEEN RECEIVED. BAIRD-ATOMIC, INC.			

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Standard Form No. 1034—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 61, Supp. No. 11)
(Amended February 20, 1952)

FEDERAL LIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

Page 1 of 1

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

Baird-Atomic, Inc.

(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Invoice No. 5142-16 5143-17				615 1,127	98 96
Use continuation sheet(s) if necessary							
Shipped from _____ to _____ Weight _____ Government B/L No. _____						Total	1,743 94

PAYMENT:

Complete ☐
Partial ☐
Final ☐

I certify that the above bill is correct and just and that payment has not been received.
(Sign original only)

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____

Contract No. **TM-1606** Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

By _____

**SIGN
ORIGINAL
ONLY**

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____ } favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____
Title _____



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9

Baird Atomic, Inc.

Cambridge 38, Mass.

PHYSICAL & CONTROL
INSTRUMENTS

Telephone: UNiversity 4-7420

Cable: BAIRDCO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

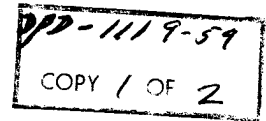
YOUR ORDER:

YOUR ORDER:

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WASHINGTON, D. C.

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TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.

DATE ORDER RECEIVED

SCHEDULED SHIPPING DATE

SALESMAN

INVOICE NUMBER

TM-1606

CUSTOMER A

5142-16

SHIPPING INSTRUCTIONS

RAIL. ☐ TRUCK ☐
EXP. ☐

PARCEL ☐ POST ☐ PREPAID ☐ COLLECT ☐

DATE SHIPPED/INVOICE DATE

1/31/59

CARRIER'S RECEIPT NUMBER

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR JANUARY 1959 Per attached schedule AMOUNT SUBMITTED FOR REIMBURSEMENT WE HEREBY CERTIFY THAT THE ABOVE AMOUNT IS CORRECT AND JUST; THAT PAYMENT THEREFOR HAS NOT BEEN RECEIVED. BAIRD-ATOMIC. INC. BY: 			\$615.98

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 . & CONTROL INSTRUMENTS

Baird Atomic, Inc.

Cambridge 38, Mass.

Telephone UNiversity 4-7420

Cable: BAIRD CO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER:

YOUR ORDER:

SOLD TO



WASHINGTON, D. C.

SHIP TO

STAT
99-1120-59
COPY 1 OF 2

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.

DATE ORDER RECEIVED

SCHEDULED SHIPPING DATE

SALESMAN

INVOICE NUMBER

— TM-1606

CUSTOMER B

5143-17

SHIPPING INSTRUCTIONS

RAIL. ☐ TRUCK ☐ PARCEL ☐ POST ☐ PREPAID ☐ COLLECT ☐

DATE SHIPPED/INVOICE DATE

January 31, 1959

CARRIER'S RECEIPT NUMBER

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR JANUARY PER ATTACHED SCHEDULE: AMOUNT SUBMITTED			\$1,127.96
			WE HEREBY CERTIFY THAT THE ABOVE INVOICE IS CORRECT AND JUST; THAT PAYMENT THEREFOR HAS NOT BEEN RECEIVED. BAIRD-ATOMIC, INC., BY:			

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Standard Form No. 1034—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

3LIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

Page 1 of 1

PAID BY

U. S. _____

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

Baird-Atomic, Inc.

(Payee)

Cambridge 38, Massachusetts

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Invoice No.					
		5142-13A				10	00
		5142-14				533	20
		5142-15				174	35
		5143-15				735	05
		5143-16				808	44
PAYMENT:		Use continuation sheet(s) if necessary					
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total **2,261 04**

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

(Payee must NOT use this space)

Differences _____

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____

(Signature or initials) _____

Per _____ Title _____
Contract No. **TM-1606** Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

By _____

**SIGN
ORIGINAL
ONLY**

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
Cash, \$ _____, on _____, 19____. Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____

STAT



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 IL & CONTROL INSTRUMENTS

Baird Atomic, Inc.

Cambridge 38, Mass.

Telephone UNIVERSITY 4-7420
Cable: BAIRD CO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER:

YOUR ORDER:

STAT

SOLD TO

WASHINGTON, D. C.

SHIP TO

DPS- 6236
COPY 1 OF 2

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.

DATE ORDER RECEIVED

SCHEDULED SHIPPING DATE

SALESMAN

INVOICE NUMBER

TM-1606

CUSTOMER A

5142-14

SHIPPING INSTRUCTIONS

RAIL. ☐ TRUCK ☐ PARCEL ☐ PREPAID ☐ COLLECT ☐

DATE SHIPPED/INVOICE DATE

CARRIER'S RECEIPT NUMBER

November 30, 1958

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR NOVEMBER 1958:			
			AMOUNT SUBMITTED FOR REIMBURSEMENT:			\$533.20
			WE HEREBY CERTIFY THAT THE ABOVE BILL IS CORRECT AND JUST; THAT PAYMENT THEREFORE HAS NOT BEEN RECEIVED.			
			BAIRD-ATOMIC, INC.			

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 IL & CONTROL

Baird-Atomic, Inc.

Cambridge 38, Mass.

INSTRUMENTS

Telephone UNiversity 4-7420

Cable: BAIRDCO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER:

YOUR ORDER:

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STAT

WASHINGTON, D. C.

DPS-6238
COPY 1 OF 2

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.

DATE ORDER RECEIVED

SCHEDULED SHIPPING DATE

SALESMAN

INVOICE NUMBER

TM-1606

CUSTOMER B

5143-15

SHIPPING INSTRUCTIONS

RAIL. ☐ TRUCK ☐ PARCEL ☐ POST ☐ PREPAID ☐ COLLECT ☐

DATE SHIPPED/INVOICE DATE

CARRIER'S RECEIPT NUMBER

November 30, 1958

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR NOVEMBER 1958: PER SCHEDULE ATTACHED AMOUNT SUBMITTED FOR REIMBURSEMENT: WE HEREBY CERTIFY THAT THE ABOVE INVOICE IS CORRECT AND JUST; AND THAT PAYMENT THEREFORE HAS NOT BEEN RECEIVED. BAIRD-ATOMIC, INC. <div></div>			\$735.05
						STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 AL & CONTROL INSTRUMENTS

Cambridge 38, Mass.

Telephone UNiversity 4-7420
Cable: BAIRD CO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER:

YOUR ORDER:

STAT

SOLD TO

SHIP TO

WASHINGTON, D. C.

OPP-0367-59
COPY 1 OF 2

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
TM-1606	CUSTOMER B			5143-16

SHIPPING INSTRUCTIONS

RAIL. EXP. <input type="checkbox"/>	TRUCK <input type="checkbox"/>	PARCEL POST <input type="checkbox"/>	PREPAID <input type="checkbox"/>	COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER
					December 31, 1958	

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR DECEMBER 1958: Per schedule attached Amount Submitted for Reimbursement WE HEREBY CERTIFY THAT THE ABOVE BILL IS CORRECT AND JUST; THAT PAYMENT THEREFOR HAS NOT BEEN RECEIVED. BAIRD-ATOMIC. INC.			\$808.44

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Standard Form No. 1034—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1960
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1962)

**PUB' VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

O. O. Vou. No. _____

Bu. Vou. No. _____

Page 1 of 1

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To Baird-Atomic, Inc.
(Payee)

Cambridge 38, Massachusetts

(Address)

(City)

(State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms Invoice No.	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		5142-13 5143-14				160 1,123	45 99
Use continuation sheet(s) if necessary							
Shipped from _____ to _____ Weight _____ Government B/L No. _____						Total	1,284 44

PAYMENT:

Complete ☐
Partial ☐
Final ☐

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

(Payee must NOT use this space)

Differences _____

Amount verified; correct for
(Signature or initials) *ARB*

1,284 44

Per _____ Title _____

Contract No. TM-1606

Date _____

Req. No. _____

Date _____

Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment

† Approved for \$ _____

By _____

**SIGN
ORIGINAL
ONLY**

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____. Payee _____ } favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____
Title _____

STAT

Standard Form No. 1034—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

F. O. Vou. No. _____

Bu. Vou. No. _____

Page 1 of 1

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To Bairst-Atomic, Inc.
(Payee)

Cambridge 38, Massachusetts

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		INVOICE NO. 5142-11 5143-11				406 1,771	43 30 ✓

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 2,177 73 ✓

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

(Payee must NOT use this space)

Differences _____

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____

(Signature or initials)

Per _____ Title _____
Contract No. TM-1606 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for pay

† Approved for \$ _____

By _____
Tit _____

**SIGN
ORIGINAL
ONLY**

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____. Payee _____ } favor of payee named above.

(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____

Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 AL & CONTROL INSTRUMENTS

Baird Atomic, Inc.

Cambridge 38, Mass.

Telephone UNiversity 4-7420

Cable: BAIRDCO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

Encl #1

DP3-4240
COPY 1 STAT

YOUR ORDER:

YOUR ORDER:

SOLD TO

SHIP TO

Washington, D. C.

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
TM-1606	Customer B			5143-11

SHIPPING INSTRUCTIONS

RAIL. ☐ TRUCK ☐ PARCEL ☐ POST ☐ PREPAID ☐ COLLECT ☐

DATE SHIPPED/INVOICE DATE

August 31, 1958

CARRIER'S RECEIPT NUMBER

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR AUGUST 1958: Amount Submitted for Reimbursement Schedule attached. We hereby certify that the above bill is correct and just; that payment therefor has not been received. BAIRD-ATOMIC, INC. <div></div>			\$1,771.30

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Standard Form No. 1034—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

E. Vou. No. _____

Page 1 of 1

PAID BY

U. S. _____
(Department, bureau, or establishment)Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

Baird-Atomic, Inc.

(Payee)

Cambridge 38, Massachusetts

(Address)

(City)

(State)

ARTICLES OR SERVICES

(Enter description, item number of contract or Federal supply
schedule, and other information deemed necessary)

Discount Terms

INVOICE NO.

5143-10

5142-10

QUANTITY

UNIT PRICE

Cost

Per

AMOUNT

Dollars

Cts.

193 67 ✓
403 40 ✓

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Total

597 07 ✓

Shipped from _____

to

Weight

Government B/L No.

(Payee must NOT use this space)

Differences _____

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date _____ *Payee

(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____

(Signature or initials)

Per _____

Title _____

Req. No. _____

Invoice Rec'd.

Contract No. TM-1606

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

SIGN
ORIGINAL
ONLY

By _____

Date _____

Title _____

(Approving Officer)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

on Treasurer of the United States in
favor of payee named above.

Per _____
Title _____

16-22900-5

• When a voucher is signed or receipted in the name of a company or corporation, the name of the person
writing the company or corporate name, as well as the capacity in which he signs, must appear. For example:
"John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is nec-
essary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and
over his official title.



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 AL & CONTROL INSTRUMENTS

Baird Atomic, Inc.

Cambridge 38, Mass.

Telephone UNiversity 4-7420
Cable: BAIRDCO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER:

YOUR ORDER:

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12

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
TM-1606				5143-10


SHIPPING INSTRUCTIONS

RAIL. ☐ TRUCK ☐ PARCEL ☐ PREPAID ☐ COLLECT ☐
EXP. POST

DATE SHIPPED/INVOICE DATE

July 31, 1958

CARRIER'S RECEIPT NUMBER

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR JULY 1958: Schedule attached.			<u>\$193.67</u>
We hereby certify that the above invoice amount is correct and just; and that payment therefore has not been received.						
Baird Atomic, Inc.						
By: 						

1958 AUG 9 11:56

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Standard Form No. 1034—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

PU IC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

Page 1 of 1

PAID BY

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To **Baird-Atomic, Inc.**
(Payee)

Cambridge 38, Massachusetts

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		INVOICE NO.					
		5142-9				460	03 ✓
		5143-9				460	03 ✓
		5143-10				243	97 ✓

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total **1,164 03**✓

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Differences _____

Date _____ *Payee
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for **1,164 03**
(Signature or initials)

Per _____ Title _____
Contract No. **DL-1606** Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for

† Approved for \$ _____

(Signature)

SIGN
ORIGINAL
ONLY

Date _____

(Signature)

STAT

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____, Payee _____ } favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____
Title _____



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 .L & CONTROL

Baird Atomic, Inc.

Cambridge 38, Mass.

INSTRUMENTS

Telephone UNIVERSITY 4-7420

Cable: BAIRD CO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER: **TM-1606**

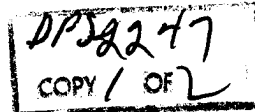
YOUR ORDER: **TM-1606**

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Washington, D. C.



TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.

DATE ORDER RECEIVED

SCHEDULED SHIPPING DATE

SALESMAN

INVOICE NUMBER

TM-1606

5143-9

SHIPPING INSTRUCTIONS

RAIL. ☐ TRUCK ☐ PARCEL ☐ POST ☐ PREPAID ☐ COLLECT ☐

DATE SHIPPED/INVOICE DATE

June 30, 1958

CARRIER'S RECEIPT NUMBER

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			FACILITY MAINTENANCE FEE 50% of Amount Claimed for Facility Maintenance Fee per attached schedule for period 3/4/57 to 6/30/58:			\$460.03
<p>We hereby certify that the above invoice is correct and just; that payment there- fore has not been received.</p> <p style="text-align: right;">BAIRD-ATOMIC, INC.</p> <p>By: </p>						

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE,
IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 AL & CONTROL INSTRUMENTS

Baird Atomic, Inc.

Cambridge 38, Mass.

Telephone UNiversity 4-7420

Cable: BAIRD CO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER: **TM-1606**

YOUR ORDER:

DPS-2406
COPY 1 OF 2 STAT

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WASHINGTON, D. C.

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
TM-1606				5143-10

SHIPPING INSTRUCTIONS

RAIL. <input type="checkbox"/> TRUCK <input type="checkbox"/> PARCEL <input type="checkbox"/> POST <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER
	June 30, 1958	

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR MONTH OF JUNE 1958:			
			AMOUNT SUBMITTED FOR REIMBURSEMENT			\$346.39
						<u>93.42</u>
						252.97
						9.00
						<u>243.97</u>
			We hereby certify that the above amount is correct and just; that payment therefore has not been received.			
			BAIRD-ATOMIC, INC.			
			BY:			

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Standard Form No. 1084—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

F. V. Vou. No.

Bu. Vou. No.

Page 1 of 1

U. S.
(Department, bureau, or establishment)

Voucher prepared at
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No.

To Baird-Atomic, Inc.
(Payee)

Cambridge 38, Massachusetts

(Address)

(City)

(State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		INVOICE NO. 5142-7 5143-7				327 174	69 <i>✓</i> 96 <i>✓</i>
PAYMENT:		Use continuation sheet(s) if necessary					
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							

Shipped from to Weight Government B/L No. Total 502 65 *✓*

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date *Payee
(This certificate not required when a like certificate is made by payee on attached bill or bills)

(Payee must NOT use this space)

Differences

Amount verified; correct for

(Signature or initials) *EL*

Per Title

Contract No. TM-1606 Date Req. No. Date Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for

† Approved for \$

By

Tit

SIGN
ORIGINAL
ONLY

(Contracting Officer)

Date

PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. dated 19...., for \$ } on Treasurer of the United States in
Cash, \$ on 19.... Payee favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$", and over his official title.

Per

Title



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 L & CONTROL

Baird Atomic, Inc.

INSTRUMENTS

Cambridge 38, Mass.

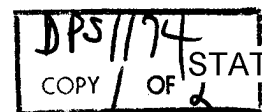
Telephone UNiversity 4-7420

Cable: BAIRD CO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER: **TM-1606**

YOUR ORDER:



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Washington, D. C.

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
TM-1606				5142-7

SHIPPING INSTRUCTIONS

RAIL. <input type="checkbox"/> EXP. <input type="checkbox"/> TRUCK <input type="checkbox"/> PARCEL <input type="checkbox"/> POST <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER
	April 30, 1958	

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR APRIL 1958			\$327.69
<p>We hereby certify that the above amount is correct and just; that payment therefore has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>By: ()</p>						

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.



Baird Atomic, Inc.

Cambridge 38, Mass.

Telephone UNiversity 4-7420
Cable: BAIRDCO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER: **TM-1606**

YOUR ORDER:

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Washington, D. C.

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DPS/175
COPY 1 OF 2 STAT

TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
TM-1606				5143-7

SHIPPING INSTRUCTIONS

RAIL. EXP. <input type="checkbox"/>	TRUCK <input type="checkbox"/>	PARCEL POST <input type="checkbox"/>	PREPAID <input type="checkbox"/>	COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER
					April 30, 1958	

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR APRIL 1958			\$174.96
			<p>We hereby certify that the above amount is correct and just; that payment therefore has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>By: </p>			

STAT



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040039-9 AL & CONTROL INSTRUMENTS

Baird Atomic, Inc.

Cambridge 38, Mass.

Telephone UNiversity 4-7420

Cable: BAIRDCO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE 38, MASS.

YOUR ORDER: **TM-1606**

YOUR ORDER:

STAT

DPS/353
COPY 1 OF 9

Washington, D. C.

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TERMS: NET 10 DAYS F.O.B. ☐ CAMBRIDGE, MASS.

F.O.B. ☐ DESTINATION

CUSTOMER'S PURCHASE ORDER NO. TM-1606	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER 5143-8
---	---------------------	-------------------------	----------	---------------------------------

SHIPPING INSTRUCTIONS

RAIL. EXP. <input type="checkbox"/>	TRUCK <input type="checkbox"/>	PARCEL POST <input type="checkbox"/>	PREPAID <input type="checkbox"/>	COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE May 31, 1958	CARRIER'S RECEIPT NUMBER
--	--------------------------------	---	----------------------------------	----------------------------------	--	--------------------------

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			SERVICES FOR THE MONTH OF MAY 1958			\$1,184.31
<p>We hereby certify that the above invoice amount is correct and just; that payment therefore has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>By:  Controller</p>						

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12(A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Standard Form No. 1084—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

D. O. Vou. No.

Bu. Vou. No.

Page 1 of 1

U. S.
(Department, bureau, or establishment)

Voucher prepared at
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No.

To BAIRD-ATOMIC, INC.
(Payee)

Cambridge 38, Massachusetts

(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		INVOICE NO. 5142-6 5143-6				1,321 14	84 21
Use continuation sheet(s) if necessary							
Shipped from to Weight Government B/L No.						Total	1,336 05

PAYMENT:

Complete ☐
Partial ☐
Final ☐

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date *Payee
(This certificate not required when a like certificate is made by payee on attached bill or bills)

(Payee must NOT use this space)

Differences

Amount verified; correct for

(Signature or initials)

Per Title
Contract No. TM-1606 Date Req. No. Date Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$

By SIGN ORIGINAL ONLY
Tit Date

(Approving Officer)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. dated 19...., for \$ } on Treasurer of the United States in
{ Cash, \$ on 19.... } favor of payee named above.
Payee
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$", and over his official title.

Per
Title

Baird-Atomic, Inc.

**SALE & CONTROL
INSTRUMENTS**

BAIRD-ATOMIC

Cambridge 38, Mass.

Telephone **UNiversity 4-0101**

Cable: **BAIRDCO, Cambridge, Mass., U.S.A.**

Refer correspondence and send remittances to **BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE, MASS.**

YOUR ORDER:

YOUR ORDER:

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Washington, D. C.

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Invoice Date: **March 31, 1958**

Invoice No.: **5142-6**

Order No.: **TM-1606**

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COPY OF 2

TERMS: NET 10 DAYS F.O.B. CAMBRIDGE, MASS.

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
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SHIPPING INSTRUCTIONS					DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER
RY. EXP. <input type="checkbox"/>	TRUCK <input type="checkbox"/>	PARCEL POST <input type="checkbox"/>	PREPAID <input type="checkbox"/>	COLLECT <input type="checkbox"/>		

QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			Sergices for the month of March, 1958		ee	\$1,321.84
<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>By: <div></div></p>						

STAT

Standard Form No. 1034—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

Page 1 of 1

PAID BY

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To BAIRD-ATOMIC, INC.
(Payee)

Cambridge 38, Massachusetts

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		INVOICE NO. 5142-5 5143-5				465 112	28✓ 28✓
PAYMENT:		Use continuation sheet(s) if necessary		Total		577	56✓
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____

(Signature or initials)

Per _____ Title _____

Contract No. TM-1606

Date _____

Req. No. _____

Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

By _____

**SIGN
ORIGINAL
ONLY**

Title _____

Tit

Date _____

Officer)

STAT

(APPROVING OFFICER'S SIGNATURE) THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____ } favor of payee named above.
Payee _____ (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____

**BAIRD-ATOMIC, INC.**

Cambridge 38, Mass.

Telephone UNiversity 4-0101

Cable: BAIRDCO, Cambridge, Mass., U.S.A.

AL & CONTROL**INSTRUMENTS**

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE, MASS.

YOUR ORDER:

YOUR ORDER:

SAPC 25421

COPY 1 OF 2

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Washington, D. C.

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• Invoice Date: February 28, 1958
 Invoice No.: 5142-5
 Order No.: TM-1606

TERMS: NET 10 DAYS F.O.B. CAMBRIDGE, MASS.

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
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SHIPPING INSTRUCTIONS

RY. EXP. <input type="checkbox"/>	TRUCK <input type="checkbox"/>	PARCEL POST <input type="checkbox"/>	PREPAID <input type="checkbox"/>	COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER
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QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			Services for the month of February, 1958			\$ 465.28 ✓
			<p>We certify that the above bill is correct and just; that payment therefor has not been received.</p> <p>BAIRD-ATOMIC, INC.</p> <p>By </p>			

STAT

BAIRD **B** ATOMIC

Cambridge 38, Mas.

Telephone UNIVERSITY 4-0101

Cable: BAIRDCO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE, MASS.

YOUR ORDER:

YOUR ORDER:

Washington, D. C.

Invoice Date: January 31, 1958 STAT

Invoice No.: 5142-4

SAPC 24552

Order No.: TM 1606


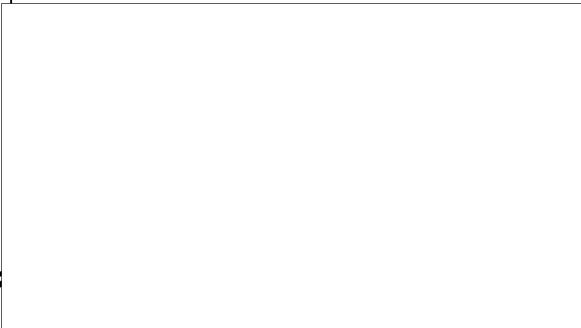
COPY 1 OF 2

TERMS: NET 10 DAYS F.O.B. CAMBRIDGE, MASS.

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
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SHIPPING INSTRUCTIONS

RY. EXP. <input type="checkbox"/>	TRUCK <input type="checkbox"/>	PARCEL POST <input type="checkbox"/>	PREPAID <input type="checkbox"/>	COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER
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QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			Services for the month of January, 1958			\$840.62 ✓ gm
			We certify that the above bill is correct and just; that payment therefor has not been received.			
			BAIRD-ATOMIC, INC.			
			By 			STAT
						STAT

BAIRD-ATOMIC, INC.
33 UNIVERSITY ROAD
CAMBRIDGE, MASS.

Inv. No. 5142-4

Inv. Date: January 31, 1958

Contract No. TM 1606

Customer - A

	Hours	Hourly Rate	Amount
Instrument Repairman	106	6.75	\$715.50 ✓
Recalibration and Inspection	16	7.82	<u>125.12</u> ✓
Amount Submitted for Reimbursement			<u>\$840.62</u> ✓

**BAIRD-ATOMIC, INC.**

Cambridge 38, Mass.

Telephone UNIVERSITY 40101

Cable: BAIRDCO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE, MASS.

INSTRUMENTS *Joe M*

YOUR ORDER:

YOUR ORDER:

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Washington, D. C.

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Invoice Date: January 31, 1958

Invoice No.: 5143-4

Order No.: TM-1606

STAT

SAPC 24795
COPY 1 OF 2

TERMS: NET 10 DAYS F.O.B. CAMBRIDGE, MASS.

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
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SHIPPING INSTRUCTIONS

RY. EXP. <input type="checkbox"/>	TRUCK <input type="checkbox"/>	PARCEL POST <input type="checkbox"/>	PREPAID <input type="checkbox"/>	COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER
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QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			Services for the month of January, 1958			\$322.50 ✓
We certify that the above bill is correct and just; that payment therefor has not been received.						
BAIRD-ATOMIC, INC.						
<div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto;"></div>						
<div style="border: 1px solid black; width: 350px; height: 180px; margin: 10px auto;"></div>						

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**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

D. O. Vou. No.

Bu. Vou. No.

Page 1 of 1

U. S.
(Department, bureau, or establishment)

Voucher prepared at
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No.

To Baird-Atomic, Inc.
(Payee)

33 University Road Cambridge, Massachusetts
(Address) (City) (State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		5142-3				\$ 221	90 [✓]
		5143-3				14	74 [✓]
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>							
Use continuation sheet(s) if necessary							

Shipped from to Weight Government B/L No. Total \$ 236 64[✓]

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

(Payee must NOT use this space)

Differences

Date *Payee
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for
(Signature or initials)

Per Title

Contract No. TM-1606 Date Req. No. Date Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

Approved for \$

By
Title

SIGN
ORIGINAL
ONLY

THE REVERSE OF THIS FORM MUST BE EXAMINED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. dated 19...., for \$.....
Cash, \$..... on 19.... Payee

(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$.....", and over his official title.

Per
Title



Baird-Atomic, Inc.

Cambridge 38, Mass.

Telephone UNIVERSITY 4-0101

Cable: BAIRD CO, Cambridge, Mass., U.S.A.

Refer correspondence and send remittances to BAIRD-ATOMIC, INC., BOX 171, CAMBRIDGE, MASS.

YOUR ORDER:

YOUR ORDER:

SAPC 22349
COPY 1 OF 2

Washington, D. C.

Invoice Date: November 30, 1957 STAT

Invoice No.: 5143-2

Order No.: TM 1606 (B)

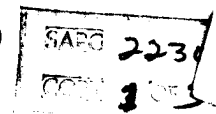
TERMS: NET 10 DAYS F.O.B. CAMBRIDGE, MASS.

CUSTOMER'S PURCHASE ORDER NO.	DATE ORDER RECEIVED	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
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SHIPPING INSTRUCTIONS

RY. EXP. <input type="checkbox"/>	TRUCK <input type="checkbox"/>	PARCEL POST <input type="checkbox"/>	PREPAID <input type="checkbox"/>	COLLECT <input type="checkbox"/>	DATE SHIPPED/INVOICE DATE	CARRIER'S RECEIPT NUMBER
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QUANTITY DUE	BACK ORDERED	SHIPPED TODAY	DESCRIPTION	STORES NUMBER	UNIT PRICE	TOTAL
			Services for the month of November, 1957			226.23
We certify that the above bill is correct and just; that payment therefor has not been received.						
BAIRD-ATOMIC, INC.						
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BAIRD-ATOMIC, INC.
P. O. BOX 171
CAMBRIDGE, MASS.

Invoice Date: November 30, 1957

Invoice No.: 5143-2

Order No.: TM-1606

SERVICES DURING THE MONTH OF NOVEMBER FOR CUSTOMER B

	No. of Hrs.	Hourly Rate	Amount
Instrument Repairman	16	\$6.75 ✓	\$108.00 ✓
Recalibration & Inspection	3	7.82 ✓	23.46 ✓
Materials (vouchers attached)			70.08 ✓
Plus 10% Gen'l & Admin. Overhead			7.01 ✓
Transportation Charges (vouchers attached)			<u>17.68</u> ✓
AMOUNT SUBMITTED FOR REIMBURSEMENT			<u>\$226.23</u> ✓